

**PROBATE COURT OF ALLEN COUNTY, OHIO
TODD E. KOHLRIESER, JUDGE**

IN THE MATTER OF THE GUARDIANSHIP OF: _____

CASE NO. _____

ANNUAL GUARDIANSHIP PLAN

[Sup.R. 66.08(G) and Local Rule 6608(G)]

Type of Guardianship: Person; Estate; Person and Estate;

Unlimited (plenary) or Limited as follows: _____.

The Annual Guardianship Plan for the period beginning _____, 20__ and ending _____, 20__, shall be as follows:

1. Plans/goals for ensuring that the ward is in the best residential settings to meet the ward's needs during the coming year are as follows: *(What will the guardian do to ensure the ward is in the most appropriate living arrangement? For example, will the guardian attend care plan meetings, visit with the ward, confer with caregivers/medical professionals, etc?)*

2. Plans/goals for providing medical, mental health and rehabilitation services in the coming year is as follows: *(What doctors and/or medical providers does the guardian expect the ward to visit in the upcoming year? What resources are available to pay for these services? For example, indicate if the services are private pay, private medical insurance, Medicare, and/or Medicaid?)*

3. Plans/goals to meet the social needs of the ward: *(What does/would the ward require to obtain/maintain social happiness and interaction and how will that need/goal be met? For example, if the ward has an interest in the arts or shopping and the activity is within his/her level of care but the ward doesn't drive, how will the transportation needs be met?)*

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4. Plans/goals to enhance the capacity of the ward. *(Include what the guardian will do to attempt to maintain or increase the ward's quality of life).*

5. Plans/goals regarding the ward's finances. *(What will the guardian do to obtain, maintain, or increase the ward's financial resources? For example, apply for Social Security, Medicare or Medicaid, as applicable, or investment of an inheritance received in the past year).*

6. Do you plan to seek the restoration of any rights to the ward? *(If the guardian believes the ward should have rights restored, the guardian should describe the rights and his/her plan to have the rights restored).*

7. Other [specify]:

CASE NO. _____

Attorney's Signature

Guardian's Signature

Type or Print Name

Type or Print Name

Address

Address

City State Zip

City State Zip

Telephone

Telephone

Attorney Registration Number