

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

**GUARDIANSHIP OF:** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**APPLICATION FOR APPOINTMENT OF  
CO-GUARDIANS OF ALLEGED INCOMPETENT**  
[R.C. 2111.03]

Applicants represent to the Court that \_\_\_\_\_ resides or has a legal settlement at \_\_\_\_\_ in Allen County, Ohio and that the prospective ward is incompetent by reason of (R.C. 2111.01(D))

\_\_\_\_\_

The proposed ward's date of birth is \_\_\_\_\_.

A Statement of Expert Evaluation is attached. (Form 17.1)

A list of Next of Kin of Proposed Ward is also attached. (Form 15.0)

The whole estate of the prospective ward is estimated as follows:

Personal Property .....	\$ _____
Real Estate .....	\$ _____
Annual Rents .....	\$ _____
Other annual income .....	\$ _____

The applicants represent that they are not an administrator, executor or other fiduciary of the estate wherein the alleged incompetent is interested.

The applicants offer the attached bond in the amount of \$ \_\_\_\_\_.

The applicants further represent that a guardian of the alleged incompetent is necessary in order that ward and the ward's property may be taken proper care of and asks that co-guardians be appointed.

**TYPE OF GUARDIANSHIP APPLIED FOR IS** [check the applicable boxes]

non-limited  limited  person only  estate only  person and estate

If limited co-guardianship is applied for, the limited powers requested are:

\_\_\_\_\_

\_\_\_\_\_

CASE NO. \_\_\_\_\_

The time period requested is  indefinite  definite to \_\_\_\_\_

The applicants relationship to alleged incompetent is \_\_\_\_\_

The Applicants  have  have not been charged with or convicted of a crime involving theft, physical violence, or sexual, alcohol or substance abuse except as follows (if applicable, state date and place of each charge or each conviction). \_\_\_\_\_

- The Applicants represent that a guardian has been nominated in writing pursuant to R.C. 1337.09(D) or R.C. 2111.121. The nominated person is \_\_\_\_\_.
- The nominated person's contact information is listed on Form 15.0 (Next of Kin).
- A copy of the document which nominates the guardian is attached.
- The Applicants represent that the proposed ward had military service.

Military I.D.: \_\_\_\_\_  
 Branch of service: \_\_\_\_\_  
 Dates of service: \_\_\_\_\_

- Applicants represent that the addresses provided are their permanent addresses and acknowledge their requirement to notify the court of any change of address. Removal may result from a failure to comply with this requirement.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Attorney Registration Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Permanent Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Permanent Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number (include area code)