

PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

**APPLICATION FOR APPOINTMENT OF GUARDIAN
OF ALLEGED INCOMPETENT**
[R.C. 2111.03]

Applicant represents to the Court that _____ resides or has
a legal settlement at _____, in _____ 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	\$ _____

Applicant represents that the applicant is not an administrator, executor or other fiduciary of the estate wherein the alleged incompetent is interested.

Applicant offers the attached bond in the amount of \$_____.

Applicant further represents that a guardian of the alleged incompetent is necessary in order that
 the ward ward's property, may be taken proper care of and asks that a guardian be appointed.

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

non-limited limited person and estate estate only person only

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

The time period requested is: indefinite definite to _____.

Applicant's relationship to alleged incompetent is _____.

The Applicant has (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 Applicant represents that a guardian has been nominated in a 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 Applicant represents that the proposed ward had military service.

Military I.D.: _____.

Branch of Service: _____.

Dates of Service: _____.

Applicant represents that the address provided is the applicant's permanent address and acknowledges the requirement that the court be notified of any change of address. Removal may result from a failure to comply with this requirement.

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Age

City State Zip

Permanent Address

Telephone Number (include area code)

City State Zip

Attorney Registration No.

Telephone Number (include area code)

I, _____, Attorney-at-law, hereby certify, that the within instrument was prepared and/or examined by me, and that the same, in my opinion, is correct and proper.

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

STATEMENT OF EXPERT EVALUATION

[Sup.R. 66 & R.C. 2111.49]

Definition of Incompetent (R.C. 2111.01(D)): "Incompetent" means any person who is so mentally impaired, as a result of a mental or physical illness or disability, as a result of intellectual disability, or as a result of chronic substance abuse, that the person is incapable of taking proper care of the person's self or property or fails to provide for the person's family or other persons for whom the person is charged by law to provide, or any person confined to a correctional institution within this State. The examiner shall complete this statement using personal observations and prior history obtained during the examiners course of treatment / interaction with the individual.

The Statement of Evaluation does not declare the individual competent or incompetent. It is evidence to be considered by the Court. The Probate Court **WILL NOT** pay the fee for completing this evaluation, unless otherwise ordered by the Court. The evaluator should secure payment from the Applicant or Guardian.

1. This Statement of Expert Evaluation is to be filed with or attached to:

A. Guardianship Application: [Evaluation must be completed before the filing of the attached application.]

Evaluation completed by: Licensed Physician Licensed Clinical Psychologist

B. Application for Emergency Guardianship:

Evaluation completed by: Licensed Physician Licensed Clinical Psychologist

[NOTE: If this Statement relates to an emergency guardianship of the person, a Licensed Physician or a Licensed Clinical Psychologist must complete the Supplement for Emergency Guardian, Form 17.1A, specifying the details of the emergency, and why immediate action is required to prevent significant injury or death to the person. The Supplement must be signed by a Licensed Physician or a Licensed Clinical Psychologist, dated, and attached to this completed Statement.]

C. Guardian's Report: [Evaluation must be conducted within three months before the date of this Report. R.C. 2111.49]

Evaluation completed by: Licensed Physician Licensed Clinical Psychologist

Licensed Independent Social Worker Licensed Professional Clinical Counselor

Developmental Disability Team Certified Nurse Practitioner Licensed Clinical Nurse Specialist

2. Statement completed by: (Please print clearly)

Name & Title/Profession: _____

Business Address: _____

Business Telephone Number: _____

3. Date(s) of evaluation: _____

Place(s) of evaluation: _____

Amount of time spent on evaluation: _____

Length of time the individual has been your patient: _____

Individual's language preference: _____

4. Is the individual presently taking medication? Yes No If yes, what is the medication, dosage, and purpose? [Continue comments on page 4]

Are there any signs of physical and/or mental impairments caused by the medications themselves? _____

5. Is the individual mentally impaired? Yes No If yes, indicate the diagnosis below:
- Intellectual or Developmental Disabilities: *(Please check the severity)*
- Profound Severe Moderate Mild
- Mental Illness: Type and Severity _____
- Substance Abuse: Description _____
- Dementia: Type and Severity _____
- Other: Description, Type, and Severity _____
[Continue comments on page 4]

6. During the examination did you notice an impairment of the individual's:
- | | | | |
|--------------------|------------------------------|-----------------------------|----------------------------------|
| a) Orientation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| b) Speech | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| c) Motor Behavior | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| d) Thought Process | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| e) Affect | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| f) Memory | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| g) Concentration | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| h) Comprehension | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| i) Judgment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

7. Please describe any impairments identified in question six. [Continue comments on page 4].

8. Is the individual physically impaired? I.e. visual, mobility, hearing, etc. Yes No If yes, please describe: _____

9. Are there any special characteristics of the individual which should be considered in evaluating the individual for guardianship: Yes No If yes, please explain: _____

10. Is there any indication of abuse, neglect, or exploitation of the individual? Yes No If yes, please explain: _____

11. Do you believe the individual is capable of caring for his or her activities of daily living or making decisions concerning his or her own medical treatments, living arrangements, and diet?

Yes No If no, please explain: _____

CASE NO. _____

12. Do you believe this individual is capable of managing his or her finances and property? Yes No If no, please explain: _____

13. What is the recommended living situation for the individual?

- Independent living arrangement
- Assisted living facility or group home
- A nursing home
- A memory care facility or lockdown unit
- Other: _____

14. Prognosis of the individual:

- A. Is the condition stabilized? Yes No Unknown
- B. Is the condition reversible: Yes No Unknown

15. In my opinion a guardianship should be:

If this is a new application for appointment of guardian: Established Denied

If this is an existing guardianship: Continued Terminated

I certify that I have evaluated the individual on _____, 20_____.

Date: _____

Signature of Evaluator

Printed Name of Evaluator

GUARDIAN'S REPORT ADDENDUM

(Not to be used with initial Application)

It is my opinion, based upon a reasonable degree of medical or psychological certainty that the mental capacity of this ward will not improve.

Date _____

Signature – Licensed Physician/Clinical Psychologist

Printed Name of Licensed Physician/Clinical Psychologist

PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO.: _____

SUPPLEMENTAL GUARDIANSHIP/CONSERVATOR INFORMATION

(Attach to all new and successor guardianship or conservator applications)

GENERAL CASE INFORMATION

(Check one box on each line for items 1 through 7)

1. This is a: guardianship conservatorship
2. This application is a new case successor
3. The subject is a minor incompetent conservator
4. The fiduciary powers are limited unlimited
5. The application is for a person estate person and estate
6. Is this case related to any cause pending in any judicial system?
 Yes No If Yes, describe in detail:
7. A court reporter and official record is waived for the appointment hearing
 waived not waived

(This waiver may be retracted in writing by counsel or guardian at or before the appointment hearing. However, if necessary, the Court may continue the hearing to schedule a reporter.)

INFORMATION CONCERNING THE PROSPECTIVE GUARDIAN/CONSERVATOR

Full Name and AKA: _____

Home Address: _____

Relationship to Ward/Conservatee: _____

Occupation: _____



CASE NO.: _____

Telephone No. (Home): _____ (Work): _____

Applicant (is is not) an administrator, executor, or fiduciary of the estate wherein the proposed ward/conservatee is interest.

INFORMATION CONCERNING THE PROPOSED WARD/CONSERVATEE:

Full Name and AKA: _____

Age: ___ Date of Birth: _____ Male: ___ Female: ___

Legal Settlement or Residence is: _____

_____ in _____ County,

Ohio. Length of residence is: _____ . If the proposed

ward/conservatee is living at an address different from the residence shown above , the address is

_____ .

Name of person, other than the proposed ward/conservatee who may be contacted at the address where proposed ward/conservatee is living: Name _____

Telephone _____

List any problems that proposed ward/conservatee may have in communicating:

List any agencies, either private or public, who have knowledge of the proposed ward/conservatee, and may be aware of assistance in determining the need for guardianship/conservatorship:

INFORMATION CONCERNING NEED FOR GUARDIANSHIP:

Describe briefly the basis for application:

I hereby petition the Court to be appointed guardian/conservator of foregoing proposed ward/conservatee and certify that all the information and statements contained in this application and attached exhibits are correct to the best of my knowledge and belief.

Signature of Attorney of Record

ID#

Signature of Prospective Guardian/Conservator

Signature of Proposed Conservatee (Conservatorship only)

I, _____, Attorney-at-law,
hereby certify, that the within instrument was
prepared and/or examined by me, and that the
same, in my opinion, is correct and proper.

PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO.: _____

NEXT OF KIN OF PROPOSED WARD
(R.C. 2111.04)

(NOTE: Specify age and Birthdate of each minor under 16 on the line containing the minor's name. List the name and address of the minor's parent, guardian or custodian on the name and address lines following the minor's address.)

Service Waived	Relationship	Birthdate Of Minor
1. () Name _____		
Address _____	Zip _____	
2. () Name _____		
Address _____	Zip _____	
3. () Name _____		
Address _____	Zip _____	
4. () Name _____		
Address _____	Zip _____	
5. () Name _____		
Address _____	Zip _____	
6. () Name _____		
Address _____	Zip _____	
7. () Name _____		
Address _____	Zip _____	
8. () Name _____		
Address _____	Zip _____	
9. () Name _____		
Address _____	Zip _____	
10. () Name _____		
Address _____	Zip _____	

Date

Applicant

I, _____, Attorney-at-law,
hereby certify, that the within instrument was
prepared and/or examined by me, and that the
same, in my opinion, is correct and proper



**PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE**

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

WAIVER OF NOTICE AND CONSENT

We, the undersigned, do each of us hereby waive the issuing and service of notice, and voluntarily enter our appearance herein.

We do hereby consent to the appointment of _____

Or some suitable person as guardian of _____

I, _____, Attorney-at-law,
hereby certify, that the within instrument was
prepared and/or examined by me, and that the
same, in my opinion, is correct and proper



**PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE**

**CONSERVATORSHIP OF
GUARDIANSHIP OF
ESTATE OF
MISCELLANEOUS
NAME CHANGE OF
TRUST OF _____,
_____**

CASE NO. _____

By my signature below, I hereby authorize the release of any and all records or information that your agency may have pertaining to me to the Probate Court of Lucas County, Ohio.

I further understand that my social security number, driver's license number and birthday listed on the attached sheet shall be used for conducting the record check and upon the conclusion of the record check that the attached sheet containing my social security number, driver license number and birth date shall be destroyed.

Date

Typed Name

CONCLUSION OF RECORD CHECK

- Records checked and found to be in order.
- Records checked and found not to be in order.
- Record Check Information Sheet destroyed.
- Record Check Information Sheet returned to attorney.

Date

Deputy Clerk

I, _____, Attorney at law hereby certify, that the within instrument was prepared and/or examined by me, and that the same, in my opinion, is correct and proper.

Attorney Ohio Supreme Court Number

RECORD CHECK
INFORMATION SHEET

Name: _____

Address:

Date of Birth: _____

Social Security Number: _____

Driver License Number: _____

**PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE**

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

GUARDIAN'S BOND
[R.C. 2109.04(A)(1)]

Amount of this bond \$ _____

The undersigned principal, and sureties if any, are obligated to the State of Ohio in the above amount, for payment of which we bind ourselves and our successors, heirs, executors, and administrators, jointly and severally.

The principal has accepted in writing the duties of fiduciary in ward's estate, including those imposed by law and such additional duties as may be required by the Court.

This obligation is void if the principal performs such duties as required.

This obligation remains in force if the principal fails to perform such duties, or performs them tardily, negligently, or improperly, or if the principal misuses or misappropriates estate assets or improperly converts them to the principal's own use or the use of another.

[Check if personal sureties are involved.] The sureties certify that each of them owns real estate in this county, with a reasonable net value as stated below.

Date

Principal

Surety

Surety

by _____
Attorney in Fact

by _____
Attorney in Fact

Typed or Printed Name

Typed or Printed Name

Address

Address

Net value of real estate owned in this county

Net value of real estate owned in this county

\$ _____

\$ _____

**PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE**

IN THE MATTER OF THE GUARDIANSHIP OF _____
CASE NO. _____

**JUDGMENT ENTRY
SETTING HEARING ON APPLICATION FOR APPOINTMENT
OF GUARDIAN**

This day _____ appeared in open Court, and filed an application for the appointment of guardian (limited guardian) of the person and estate person only estate only, of _____. It is ordered that the ____ day of _____, 20__ at _____ o' clock ____ (a.m. / p.m.), be and is hereby fixed as the time of hearing said application before this Court. It is further ordered that written notice be served personally upon minors over fourteen years of age and in the manner as is provided by law upon all others entitled to receive the same.

Date

Judge Jack R. Puffenberger

I, _____, Attorney-at-law, hereby certify, that the within instrument was prepared and/or examined by me, and that the same, in my opinion, is correct and proper.



PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

NOTICE TO PROSPECTIVE WARD ON APPLICATION AND HEARING

To _____

Address _____

An application for appointment of _____

As (limited) guardian for your (person only) (estate only) (person and estate) has been filed with the Probate Court.

A hearing on that application will be held on _____

at _____ .m. o'clock at _____.

At that hearing, Applicant must prove clear and convincing evidence that, because of mental impairment, you are unable to handle your own affairs.

1. You have the right to be present at the hearing to contest the application, and to be represented by an attorney of your choice;
2. The right to have a friend or family member of your choice present at the hearing;
3. The right to have evidence of an independent expert evaluation introduced at the hearing;
4. If you are indigent, upon your request, an attorney and an independent expert evaluator will be appointed at court expense;
5. If you are indigent, and you appeal the guardianship decision you have the right to have an attorney appointed and necessary transcripts prepared at Court expense.

Witness my signature and the seal of the Court this
_____ day of _____, 20__

SEAL

Judge Jack R. Puffenberger

By _____
Deputy Clerk



CASE NO. _____

RETURN

_____ County, Ohio

_____, 20____

Received this notice on the ____ day of _____, 20____, and on the ____ day of _____, 20____, I served the same by delivering a true copy thereof personally to _____.

I communicated with him/her in a language or method of communication understandable to the alleged incompetent.

Investigator

I, _____, Attorney-at-law, hereby certify, that the within instrument was prepared and/or examined by me, and that the same, in my opinion, is correct and proper.

PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

NOTICE OF HEARING FOR APPOINTMENT
OF GUARDIAN OF ALLEGED INCOMPETENT PERSON
To Spouse and Known Next of Kin
[R.C. 2111.04]

To _____

Address _____

To _____

Address _____

To _____

Address _____

next of kin of _____ known to reside in this state.

You are hereby notified that on the _____ day of _____, 20____,

_____ filed in the Court an application for the appointment

of a (limited) guardian of the (person and estate) of _____, an alleged incompetent.

The application will be for hearing before the Probate Court in _____

_____, on the _____ day of _____, 20____, at

_____ o'clock _____M.

Witness my signature and the seal of the Court,

this _____ day of _____, 20____

(Seal)

Judge Jack R. Puffenberger

By: _____

Deputy Clerk

CASE NO. _____

RETURN

Received this writ on the _____ day of _____, 20____, at _____ o'clock _____.M. _____ County, Ohio, 20____

and on the _____ day of _____, 20____, I served the same by (insert, "delivering", "leaving", or "sending") _____ a true copy thereof (insert, "personally to", "at the Usual place of residence", or "by certified mail to the last known address of") _____

_____ Fees _____

Service and return, 1st name \$ _____

_____ Additional names, at _____

_____ Miles traveled, at _____

Sheriff _____

Total \$ _____

Deputy _____

AFFIDAVIT OF SERVICE

The State of Ohio, _____ County.

_____, being first duly sworn, says that on the _____ day of _____, 20____, the within notice was served by delivering a true copy thereof personally to _____

Sworn to before me and signed in my presence, this _____ day of _____, 20____

**PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE**

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

FIDUCIARY'S ACCEPTANCE

GUARDIAN

[R.C. 2111.14]

I, the undersigned, hereby accept the duties which are required of me by law, and such additional duties as are ordered by the Court having jurisdiction.

AS GUARDIAN OF THE ESTATE, I WILL:

1. Make and file an inventory of the real and personal estate of the ward within 3 months after my appointment.
2. Deposit funds which come into my hands in a lawful depository located within this state.
3. Invest surplus funds in a lawful manner.
4. Make and file an account biennially, or as directed by the Court.
5. File a final account within 30 days after the guardianship is terminated.
6. Inventory any safe deposit box of the ward.
7. Preserve any and all Wills of the ward as directed by the Court.
8. Expend funds only upon written approval of the Court.
9. Make and file a guardian's report biennially, or as directed by the Court.

AS GUARDIAN OF THE PERSON, I WILL:

1. Protect and control the person of my ward, and make all decisions for the ward based upon the best interest of the ward.
2. Provide suitable maintenance for my ward when necessary.
3. Provide such maintenance and education for my ward as the amount of the estate justifies if the ward is a minor and has no parents, or has a parent who fails to maintain and educate the ward.
4. Make and file a guardian's report biennially, or as directed by the Court.
5. Obey all orders and judgments of the Court pertaining to the guardianship.
6. Obtain the written approval of the Court before executing a caretaker power of attorney authorized by R.C. 3109.52.

If I change my address or the ward's address, I shall immediately notify Probate Court in writing. I acknowledge that I am subject to removal as such fiduciary if I fail to perform such duties. I also acknowledge that I am subject to possible penalties for improper conversion of the property which I hold as such fiduciary.

Date

Fiduciary

PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

OATH OF GUARDIAN

[R.C. 2111.02 (C)]

[To be taken on Appointment of Guardian]

I, _____, Guardian of

_____, will faithfully and completely fulfill my

duties as Guardian, including the duty:

- To file, and continue to make diligent efforts to file, a true inventory in accordance with the Ohio Revised Code, and report all assets belonging to the estate of my ward.
- To file timely and accurate reports.
- To file timely and accurate accounts.
- To, at all times, protect my ward's interests and to make all decisions based on the best interest of my ward.
- To apply to the Court for authority to expend funds prior to so doing.
- To obey all orders and rules of the Court pertaining to guardianships.

Guardian

The above oath was taken and signed in my presence on this ____ day of _____, 20__.

Judge Jack R. Puffenberger/Magistrate

I, _____, Attorney-at-law,
hereby certify, that the within instrument was
prepared and/or examined by me, and that the
same, in my opinion, is correct and proper.



**PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE**

GUARDIANSHIP OF _____

CASE NO. _____

JUDGMENT ENTRY

**APPOINTMENT OF GUARDIAN FOR INCOMPETENT PERSON
[R.C. 2111.02 and Sup.R. 66.04 and 66.06]**

Upon hearing the application for appointment of guardian herein, the Court finds that _____ the above-named Ward is incompetent by reason of _____

_____ and therefore is incapable of taking proper care of _____ self and _____ property, and that a guardianship is necessary.

The Court further finds that all persons who were entitled to notice of the hearing thereon were given or waived notice thereof; that the incompetent is a resident of this county or has legal settlement herein, and that this Court has jurisdiction.

It is therefore ordered that a (limited) guardian of the (person and estate) be appointed.

The Court therefore appoints _____, a suitable and competent person, (limited) guardian of the (person and estate) of _____, the above-named Ward, incompetent, with the powers conferred as described, and limited to those powers contained in the Letters of Guardianship issued by this Court. This appointment is in compliance with R.C. 2111.09.

- The Court approves/dispenses with the bond
- The Court finds a record of the hearing was waived

The Guardian shall comply with the requirements of Sup.R. 66.06.

The Court orders Letters of Guardianship issue to _____ as provided by law.

The Court further ORDERS: _____

IT IS SO ORDERED.

Date

Judge Jack R. Puffenberger

PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO.: _____

LETTERS OF GUARDIANSHIP
(R.C. 2111.02)

_____ is appointed Guardian of
_____, an Incompetent Minor.

Guardian's powers are:

All powers conferred by the laws of Ohio and rules of this Court over the ward's:

Person and Estate Person Only Estate only

Limited to:

Those guardianship powers, until revoked, are for an:

Indefinite time period

Definite time period to _____

The above-named Guardian has the power conferred by law to do and perform all the duties of Guardian as described. No expenditures shall be made without prior Court authorization.

Date

Judge Jack R. Puffenberger

NOTICE TO FINANCIAL INSTITUTIONS
Funds being held in the name of the within-named Ward shall not be released to Guardian without a Court Order directing release of a specific fund and amounts thereof.

CERTIFICATE OF APPOINTMENT AND INCUMBENCY

The above document is a true copy of the original kept by me as custodian of this Court. It constitutes the appointment and letters of authority of the named guardian, who is qualified and acting in such capacity.

{Seal}

Judge Jack R. Puffenberger

By _____
Deputy Clerk

Date

I, _____, Attorney-at-law,
hereby certify, that the within instrument was
prepared and/or examined by me, and that the
same, in my opinion, is correct and proper.



**PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE**

STATE OF OHIO)
)
COUNTY OF _____) SS:

AFFIDAVIT OF GUARDIAN APPLICANT

Guardianship of: _____

Case Number: _____

I, _____ affirm the following:
(Name)

I have no pending misdemeanor or felony cases and have not been convicted of or pleaded guilty to any misdemeanor or felony offense; OR

I have pending misdemeanor or felony cases or have been convicted of or pleaded guilty to a misdemeanor or felony offense. (List below any pending cases or convictions that have not been sealed pursuant to R.C. 2953.31-2953.62.)

DATE	TYPE OF CHARGE	COURT NAME	PENDING /	CONVICTED /	PLEADED GUILTY
_____	_____	_____	Pending	Convicted	Pleaded Guilty
_____	_____	_____	Pending	Convicted	Pleaded Guilty
_____	_____	_____	Pending	Convicted	Pleaded Guilty
_____	_____	_____	Pending	Convicted	Pleaded Guilty

I understand that I have a duty to notify Lucas County Probate Court within seventy-two hours if the information contained in this affidavit should change.

Signature of Applicant

SWORN TO, BEFORE ME, and subscribed in my presence, on this _____ day of _____, 20____.

Notary Public / Deputy Clerk

Printed Name of Notary Public

Commission Expiration Date: _____

(Affix seal here)