

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
JAMES CISSELL, JUDGE**

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

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

**GUARDIAN'S REPORT**

(R.C. 2111.49)

NOTE: If allotted space is inadequate to respond, write "See Exhibit" in the space and add appropriate exhibit letter sequence, then attach exhibit containing information requested for that space.

1. This is the **(circle one)** 1st, 2nd, 3rd, 4th, 5th, 6th, or \_\_\_\_\_, Guardian's Report.

2. Ward's present address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Telephone( \_\_\_\_\_) \_\_\_\_\_

3. Ward's living arrangements at the above address are best described as:

a. His or her own apartment or home (includes assisted living facilities).

b. Private home or apartment of:

(1) the ward's guardian

(2) a relative of the ward, whose name is \_\_\_\_\_

and relationship is \_\_\_\_\_

(3) a non-relative whose name is \_\_\_\_\_

c. A foster, group or boarding home.

d. A nursing home.

e. A medical facility or state institution.

f. Other (describe) \_\_\_\_\_

g. If c, d, e or f is checked, complete the following:

(1) The name of the home, facility or institution \_\_\_\_\_

(2) The name of an individual at the home, facility or institution who has knowledge and is authorized to give information to the Court about the ward.

Name \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

4. The ward will be at the address given in Item 2.

a. Indefinitely.

b. Temporarily. The new address and telephone number is:

(1) Unknown. I will provide this information when known.

(2) \_\_\_\_\_

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

Zip \_\_\_\_\_ Telephone( \_\_\_\_\_) \_\_\_\_\_

5. Guardian's contact with the ward:
- a. Approximate number of times the guardian had contact with the ward during the period covered by this report: \_\_\_\_\_
  - b. The nature of those contacts (phone, personal, or other): \_\_\_\_\_  
\_\_\_\_\_
  - c. Date the ward was last seen by the guardian: \_\_\_\_\_
6. Have you observed any major change in the ward's physical or mental condition during the period covered by this report?  Yes  No  
If "Yes" is checked, briefly describe the changes. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. The care given to the ward is  Adequate  Not Adequate  
If "Not Adequate" is checked, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. The guardianship should be  Continued  Not Continued  
If "Not Continued" is checked, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. During the period covered by this report, the ward  has  has not  
been seen by a physician. If the ward has been seen, the last date was \_\_\_\_\_  
\_\_\_\_\_ and for the purpose of \_\_\_\_\_

Attached is a statement by a licensed physician, a licensed clinical psychologist, a licensed social worker, or a mental retardation team, that has evaluated or examined the ward within three months prior to the date of this report regarding the need for continuing the guardianship.  
[R.C.2111.49(A)(1)(i)] (H.C. Form 17.15)

If an attorney has been consulted on this report:	Date _____
_____ Attorney's Signature	_____ Guardian's Signature
_____ (Type or print Attorney's Name)	_____ (Type or print Guardian's Name)
_____ (Street)	_____ (Street)
_____ (City, State, Zip Code)	_____ (City, State, Zip Code)
_____ ( )	_____ ( )
_____ Telephone Number	_____ (Telephone Number - Include Area Code)
_____ Supreme Court Regis. No.	