

INSTRUCTIONS FOR FILING AN EMERGENCY GUARDIANSHIP

These instructions are intended as a guideline only and should not be relied upon as a comprehensive list of duties in an emergency guardianship.

A person can apply to be Emergency Guardian of the Person only, Estate only or Person & Estate of an alleged incompetent when the applicant believes that an adult is mentally incompetent and the situation is life threatening. The application will usually be heard ex-parte before the Magistrate.

When a Guardianship of the Estate of an Incompetent or a Guardianship of the Person & Estate of an Incompetent is established there must be joint control of those monies between the guardian and an attorney which means the guardian and the attorney must be co-signers on all financial accounts. The guardian must be bonded.

A physician must appear before the Magistrate in a hearing to justify that an emergency guardianship is necessary to avoid immediate harm to the ward.

If the emergency guardian is appointed, the appointment is valid for 72 hours.

At the hearing the Court will set a date and time within the 72 hours to have a further hearing to determine whether the emergency guardianship should continue for 30 more days.

Notice of the continued hearing will be given to the incompetent.

It will usually be necessary to apply for full guardianship prior to the expiration of the emergency guardianship.

A filing fee of \$186.00 (person only) or \$210.00 (person & estate or estate only) deposit is required at the time of filing. Please confirm the amount with the Cashier since filing fees may have changed subsequent to the publication of this instruction sheet. **This fee must be paid in cash, money order, certified check, MasterCard, Discover, or American Express. No personal checks will be accepted.**

The forms may be obtained from the Issue Desk on the 9th floor of the Probate Court, 230 East 9th Street, Cincinnati, Ohio or by downloading the forms from the web site.

PROCEDURAL STEPS

WHEN TO FILE

PROCEDURAL STEPS	WHEN TO FILE
STEP 1: COMPLETE THE FOLLOWING FORMS FOR THE INITIAL FILING	
Application for Appointment of Emergency Guardianship (17.03) - Complete form.	Prior to hearing
Entry Setting Hearing (H.C. 202.00) - Complete form. - Assigned magistrate will issue and date and time for hearing.	Prior to hearing
Authorization to Release Confidential Information (H.C. 15.11) - Complete form, sign in presence of a witness, and have witness sign.	At the time of initial filing

<p>Next of Kin of Proposed Ward (15.0)</p> <ul style="list-style-type: none"> - List all <i>next of kin</i> (those people who are closest blood relatives) of the alleged incompetent. - Be sure to specify <i>complete</i> addresses of all those listed. 	<p>At the time of initial filing</p>
<p>Judgment Entry Appointing Emergency Guardian (17.04)</p> <ul style="list-style-type: none"> - Complete form except for new hearing date and time. - At the hearing if appointment is granted, Judge will set another date and time to continue the appointment. 	<p>Prior to hearing</p>
<p>Judgment Entry Continuing Appointment (17.05)</p> <ul style="list-style-type: none"> - Complete form - Magistrate will issue another date for appointment to be continued to. - The date will be within 30 days and will allow you to file for full guardianship and have hearing before emergency appointment terminates. 	<p>Bring to Court day of hearing set on form 17.04</p>
<p>STEP 2: ASSIGNING OF MAGISTRATE, REVIEWING OF FORMS, AND SETTING HEARING DATE.</p>	
<p>When all forms have been completed, present them to the magistrate’s assistant at the information desk on the 9th Floor of Probate Court for a magistrate to be assigned. All forms are then taken to a magistrate for review and setting of hearing date.</p> <p style="color: red;">Find out the dates and times your doctor is available to appear in Court prior to presenting the emergency application to the magistrate.</p>	
<p>STEP 3: FILING OF FORMS WITH CASHIER</p>	
<p>All forms are taken to the cashier who will assign a case number. At this time, the cashier will require the payment of the filing fee of \$186 or \$210 depending on whether you are applying for guardian of the person or estate.</p> <p>If filing the Affidavit of Indigency and Entry Authorizing Payment (H.C. 117.0), it must be approved by the magistrate prior to taking the forms to the cashier. The cashier will stamp the case number on all the papers plus one set of copies, if provided, and clock in the original forms that can be docketed that day. After clocking in the forms, the cashier will place the forms in a file folder and give it to you to take to the Issue Desk.</p> <p>If the hearing is scheduled for the day you filed, the clerk will docket the pleadings and take the file to the assigned magistrate.</p>	
<p>STEP 4: THE HEARING</p>	
<p>At the hearing, the doctor must appear and provide testimony that the situation is life threatening and that an emergency guardian should be appointed. If you are applying to be guardian of the estate you must have the bond in place to be appointed.</p>	

<p>The clerk will give you a copy of the entry. You must provide a copy of this entry to the incompetent before the next hearing. You may also be preparing the papers for a full guardianship in the meantime so the hearing can be set and service met. See Guardianship of Incompetents for instructions and forms required for a full guardianship.</p>	
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**PROBATE COURT OF HAMILTON COUNTY, OHIO
JAMES CISSELL, JUDGE**

GUARDIANSHIP OF _____, INCOMPETENT

CASE NO. _____

**APPLICATION FOR APPOINTMENT OF
EMERGENCY GUARDIAN**

[R.C. 2111.02 (B)(3)]

Applicant moves this Court for Appointment of an Emergency Guardian for _____
_____, an alleged incompetent.

Applicant states:

that an emergency exists because the alleged incompetent suffers from the following
medical problem(s). (Specify) _____

that immediate action is required to prevent significant Injury or harm to the alleged
incompetent by reason of _____

that the alleged incompetent is unable to make informed decisions regarding medical
care or treatment.

Therefore applicant prays for an order of the Court appointing _____
_____ as emergency guardian of the person (and estate) of the alleged incompetent.

Attorney for applicant

Applicant

Address

Address

City State Zip

City State Zip

Phone number (include area code)

Phone number (include area code)

Supreme Court Registration Number

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

IN THE MATTER OF _____

CASE NO. _____

ENTRY SETTING HEARING

The Application/Motion _____
filed by _____, by and through counsel,
is hereby set for hearing on _____,
at _____ M. before Magistrate _____, Hamilton
County Probate Court, Room _____, Ninth Floor, 230 E. Ninth Street, Cincinnati, Ohio
45202. The Court orders that notice of the hearing be given, as provided by law and
the rules of civil procedure, to those persons entitled to notice who have not waived
notice.

James Cissell, Probate Judge

Attorney

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

GUARDIANSHIP OF _____, INCOMPETENT

CASE NO. _____

**JUDGMENT ENTRY APPOINTING EMERGENCY GUARDIAN AND
SETTING HEARING ON CONTINUATION OF EMERGENCY
GUARDIANSHIP FOR INCOMPETENT PERSON**

This matter came on for hearing on the ____ day of _____, _____, on an application for appointment of an emergency guardianship.

Based upon the medical testimony of _____ the Court finds that the ward is an incompetent person in need of an emergency guardianship and that immediate action is required to prevent significant injury or harm to the person (and estate) of the incompetent.

The Court hereby appoints _____, as the emergency guardian of the person (and estate) of the ward with the authority to make decisions for the best interests of the ward regarding medical care and treatment.

This order shall remain in effect for a period of seventy-two hours. The Court hereby sets this matter for hearing whether to extend the emergency order on the ____ day of _____, _____ at _____ o'clock ____ M. before _____

It is further ordered that a copy of this order be served upon the ward and interested parties forthwith.

This order has been granted ex parte for the reasons that a medical emergency exists, that the ward is unable to make his / her own decisions regarding medical care and treatment, and that immediate action is required at this time to prevent significant injury or harm to the ward.

- Notice was given to ward's next of kin by telephone, fax, or other means.
- Notice was not given to ward's next of kin because next of kin could not be reached.
- The next of kin were unknown or could not be ascertained prior to the hearing.
- Other: _____

James Cissell, Probate Judge

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

GUARDIANSHIP OF _____ , INCOMPETENT

CASE NO. _____

**JUDGMENT ENTRY CONTINUING APPOINTMENT OF
EMERGENCY GUARDIAN FOR INCOMPETENT PERSON**

This matter came on for hearing on the _____ day of _____, _____, on a motion to extend the emergency guardianship order for _____ an incompetent person, pursuant to Ohio Revised Code Section 2111.02 (13) (3).

A copy of the Judgment Entry Appointing Emergency Guardian for Incompetent Person and Setting Hearing on Continuation of Emergency Guardianship was served upon the ward and interested parties on the _____ day of _____, _____, as set forth in the Affidavit of Service.

The ward continues to suffer from mental impairment and requires an emergency guardianship for purpose of medical decisions to prevent significant injury or harm to the person of the ward.

For good cause shown, the Court hereby grants the motion to extend the emergency guardianship until _____ subject to further order of the Court.

It is further ordered that a copy of this entry shall be served on the ward and interested parties forthwith.

James Cissell, Probate Judge

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

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. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
2. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
3. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
4. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
5. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
6. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
7. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
8. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
9. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
10. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____

_____ Date

_____ Applicant