

# INSTRUCTIONS FOR APPOINTMENT OF GUARDIAN OF ALLEGED INCOMPETENT

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

A person can apply to be Guardian of the Person, Estate or Person & Estate of an alleged incompetent when the applicant believes that an adult is incompetent as defined by statute.

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.

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 9<sup>th</sup> floor of the Probate Court, 230 East 9<sup>th</sup> Street, Cincinnati, Ohio or by downloading the forms from the web site.

## PROCEDURAL STEPS

## WHEN TO FILE

PROCEDURAL STEPS	WHEN TO FILE
<b>STEP 1: COMPLETE THE FOLLOWING FORMS FOR THE INITIAL FILING</b>	
Application for Appointment of Guardian of Alleged Incompetent (17.0) - Complete information	At the time of initial filing
Next of Kin of Proposed Ward (15.0) - 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.	At the time of initial filing
Judgment Entry Setting Hearing on Application for Appointment (15.01) - Fill in the name of the alleged incompetent only, the magistrate will fill in hearing date & time and sign & date the form.	At the time of initial filing
Waiver of Notice and Consent (15.1) - Have next of kin of the proposed ward execute form. - If unable to obtain all waivers, certified mail service must be completed on those that did not sign waivers (See form 16.4)	At the time of initial filing if signed by next of kin
Fiduciary's Acceptance (H.C. 15.2) - Complete name of proposed ward, sign and date.	At the time of initial filing

<p><b>Note: The Court will hold applicant responsible for the duties described on this form.</b></p>	
<p>Authorization to Release Confidential Information (H.C. 15.11)</p> <ul style="list-style-type: none"> <li>- Complete form, sign in presence of a witness, and have witness sign.</li> </ul>	<p>At the time of initial filing</p>
<p>Statement of Expert Evaluation (H.C. 17.10)</p> <ul style="list-style-type: none"> <li>- Applicant must have a Licensed Physician or a Licensed Clinical Psychologist evaluate the alleged incompetent and complete the form.</li> <li>- <b>Date of evaluation must have been within 3 months of filing of the application.</b></li> </ul>	<p>At the time of initial filing</p>
<p>Notice to Prospective Ward of Application and Hearing (17.3)</p> <ul style="list-style-type: none"> <li>- Complete form.</li> <li>- Make certain that correct <b>daytime address</b> of the proposed ward is provided. Eg. school, workshop, hospital, etc.</li> <li>- The Court will fill in hearing date &amp; time and sign &amp; date the form.</li> </ul>	<p>At the time of initial filing</p>
<p>Notice of Hearing for Appointment of Guardian of Alleged Incompetent (H.C. 17.4)</p> <ul style="list-style-type: none"> <li>- List next of kin of the alleged incompetent who have not waived notice (form 15.1).</li> <li>- Complete certified mail on each person listed.</li> <li>- Complete affidavit on <i>back</i> of form.</li> <li>- Present certified mail return (green card) from each individual who did not waive notice to the magistrate assigned to your case.</li> </ul>	<p>At the time of initial filing if not obtaining waivers. The clerk will return the form to the applicant. The applicant will serve a copy of the form by certified mail on the next of kin. The original form will be presented to the magistrate on the day of the hearing.</p>
<p>Investigator's Report (17.8)</p> <ul style="list-style-type: none"> <li>- Complete the top portion of the form.</li> <li>- The Court Investigator will complete the form after evaluating the alleged incompetent.</li> </ul>	<p>At the time of initial filing</p>
<p>Affidavit of Indigency and Entry Authorizing Payment (H.C. 117.0)</p> <ul style="list-style-type: none"> <li>- Filed when the alleged incompetent has no assets or the monthly income received goes to the nursing home, group home, etc.</li> <li>- Form is only accepted if applying for guardian of the person only.</li> </ul>	
<p><b>THE NEXT GROUP OF FORMS IS NOT NEEDED AT THE INITIAL FILING.</b></p>	

<p>Guardian's Bond (15.3)</p> <ul style="list-style-type: none"> <li>- For Guardianship of the Estate of an proposed ward, the applicant is required to execute a bond when the proposed ward's total property value is over \$10,000.</li> <li>- Applicant must execute and date form.</li> <li>- <b>Bond must be executed by a surety company in front of court personnel.</b></li> <li>- The bond amount is normally twice the value of the proposed ward's personal property.</li> </ul>	<p>Once signed by the applicant, the bond form needs to be left with the court in order for the agent of the surety company to execute the bond in the presence of the clerk.</p> <p>May be left with the court anytime prior to the hearing.</p>
<p>Oath of Guardian (15.9)</p> <ul style="list-style-type: none"> <li>- Complete form, but do not sign. Oath must be executed in front of a magistrate.</li> </ul>	<p>Preferably at the time of initial filing, if not, day of hearing.</p>
<p>Letters of Guardianship (15.4)</p> <ul style="list-style-type: none"> <li>- Complete form.</li> <li>- The court clerk will sign and date, if guardianship is granted.</li> </ul>	<p>Preferably at the time of initial filing, if not, day of hearing.</p>
<p>Statement of Counsel and Guardian – Custody of Funds (H.C. 115.20)</p> <ul style="list-style-type: none"> <li>- Complete form.</li> <li>- Both attorney and applicant must sign.</li> <li>- Filed only when guardianship includes Estate, a bond is presented and the assets are not being placed in the Deposit In Lieu Program.</li> </ul>	<p>Preferably at the time of initial filing, if not, day of hearing, if needed.</p>
<p>Entry Appointing Co-Signer for Estate Funds (H.C. 115.21)</p> <ul style="list-style-type: none"> <li>- Complete form.</li> <li>- Magistrate will sign on day of hearing.</li> </ul>	<p>Preferably at the time of initial filing, if not, day of hearing, if needed.</p>
<p>Judgment Entry – Appointment of Guardian for Incompetent Person (H.C. 17.5)</p> <ul style="list-style-type: none"> <li>- Complete form.</li> <li>- The court will execute if the guardianship is granted.</li> </ul>	<p>Preferably at the time of initial filing, if not, day of hearing.</p>
<p>Application for Release of Funds to Custodial Depository in Lieu of Bond (H.C.204.05)</p> <ul style="list-style-type: none"> <li>- Complete form.</li> <li>- Filed when there is not an attorney and applicant does not want to obtain one.</li> <li>- Filed to dispense with requirement of joint control with an attorney, posting of a bond and filing of yearly accounts.</li> </ul>	<p>Normally the day of the hearing</p>
<p>Entry Releasing Funds to Custodial Depository in Lieu of Bond (H.C. 204.06)</p>	<p>Normally the day of the hearing</p>

<ul style="list-style-type: none"> <li>- Complete form.</li> <li>- Make sure you have obtained an account number from the bank.</li> </ul>	
<p>Verification of Receipt and Deposit of Custodial Depository (H.C. 204.07)</p> <ul style="list-style-type: none"> <li>- A bank clerk completes form once the funds are in the account.</li> <li>- Normally the bank sends the form to the Court.</li> </ul>	Filed by the bank, normally within 30 days from filing of Entry Releasing Funds to Custodial Depository
<p>Guardian's Inventory (15.5)</p> <ul style="list-style-type: none"> <li>- If the guardianship is for the Estate or Person &amp; Estate, the guardian must file an Inventory specifically listing the assets of the incompetent and the value of those assets.</li> </ul>	3 months from date of appointment
<p>Application and Order Authorizing Release of Funds (15.6)</p> <ul style="list-style-type: none"> <li>- To obtain the right for the guardian to release funds, complete form.</li> <li>- Specifically list the name of the financial institution, the type of account and the account number.</li> </ul>	Anytime after the appointment has been granted
<p>Application and Order Authorizing Expenditure of Funds (15.7)</p> <ul style="list-style-type: none"> <li>- All expenditures made by the guardian have to be approved by the court if a Guardianship of the Estate is established.</li> <li>- Complete form</li> <li>- List who is to be paid, purpose of the expenditure, and amount of expenditure.</li> </ul>	Anytime after the <b>Guardian's Inventory</b> has been filed
<p>Guardian's Account (H.C. 15.8) (<b>Custodial Depository is not utilized</b>)</p> <ul style="list-style-type: none"> <li>- From the date of their appointment, the Guardian of the Estate is responsible for filing of an annual account.</li> <li>- Specifically list the assets of the ward that were listed on the Inventory (15.5) plus all income and disbursements.</li> </ul>	Every year from date of appointment.
<p>Bank Certificates (15.81)</p> <ul style="list-style-type: none"> <li>- Have an employee of each bank where Guardianship funds are deposited complete form.</li> <li>- Guardian must sign.</li> <li>- Attach this form (15.81) to the Guardian's Account (15.8).</li> </ul>	
<p>Entry Setting Hearing on Account (H.C. 213.8)</p> <ul style="list-style-type: none"> <li>- Fill in the name of the ward only, the Court will fill in hearing date &amp; time and sign &amp; date the form.</li> </ul>	
<p>Notice of Hearing on Account (H.C. 13.5)</p> <ul style="list-style-type: none"> <li>- When filing a <i>final</i> account, the guardian shall serve certified</li> </ul>	

<p>mail notice on all of the ward's next of kin, unless waivers (13.7) are obtained.</p> <ul style="list-style-type: none"> <li>- See Local Rule 64.1 (D).</li> </ul>	
<p>Waiver of Notice of Hearing on Account (H.C. 13.7)</p> <ul style="list-style-type: none"> <li>- If possible have all next of kin execute form.</li> </ul>	
<p>Entry Approving and Settling Account (H.C. 13.3)</p> <ul style="list-style-type: none"> <li>- Complete form.</li> <li>- Present to an account clerk for further processing.</li> </ul>	
<p>Guardian's Report (17.7)</p> <ul style="list-style-type: none"> <li>- Guardian must complete form.</li> <li>- Make sure to complete the <i>front</i> and <i>back</i> of the form and to sign in the appropriate area.</li> </ul>	Every two years from date of appointment
<p>Statement of Expert Evaluation (In Support of Guardian's Report) (H.C. 17.15)</p> <ul style="list-style-type: none"> <li>- Guardian must have a Licensed Physician, Psychologist, Clinical Social Worker <i>or</i> Mental Retardation Team evaluate the ward and complete the form.</li> <li>- The evaluation must be within three months of the date of this report.</li> <li>- This Evaluation (17.15) must be filed together with the Guardian's Report (17.7)</li> </ul>	Filed with the Guardian's Report
<p><b>STEP 2: ASSIGNING OF MAGISTRATE, REVIEWING OF FORMS, AND SETTING HEARING DATE.</b></p>	
<p>When all forms have been completed, present them to the magistrate's assistant at the information desk on the 9<sup>th</sup> Floor of Probate Court for a magistrate to be assigned. All forms are then taken to the available magistrate for review and setting of hearing. If you are unable to obtain waivers from the next of kin in Ohio, the hearing date may be continued for the certified mail service to be completed.</p>	
<p><b>STEP 3: FILING OF FORMS WITH CASHIER</b></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 <b>\$186 or \$210</b> depending on whether you are applying for guardian of the person or estate or both.</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.</p> <p>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.</p>	

<p>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. The clerk at the Issue Desk will return to you any notices that you are to serve.</p>	
<p><b>STEP 4: SERVICE OF NOTICE ON ALLEGED INCOMPETENT</b></p>	
<p>The Notice to Prospective Ward will be served by the court investigator at least eight days prior to the hearing date. Please make sure you let the Court know the <b>daytime address</b> of the alleged incompetent so proper service can be made on him or her. After the investigator completes service, he will complete an Investigator's Report regarding the alleged incompetent. The notice and investigator's report will be docketed and placed in the file folder for the magistrate to review.</p>	
<p><b>STEP 5: THE HEARING – WHAT TO EXPECT</b></p>	
<p><b>Uncontested Hearing – Person only</b></p>	
<p>At the date and time of the hearing, you (and your attorney, if attorney is obtained) should report to the 9<sup>th</sup> Floor of the Probate Court to the assigned magistrate. (The magistrate will already have the file with the forms you initially filed.) If you had to obtain waivers or serve notices of the hearing you will give them to the magistrate. The magistrate will conduct the hearing. If service has been completed and the magistrate finds a guardian should be appointed, a Decision of Magistrate and Entry Appointing Guardian will be signed. The magistrate will escort you to the Issue Desk and have the Letters of Guardianship issued.</p>	
<p><b>Uncontested Hearing – Person and Estate or Estate Only</b></p>	
<p>At the date and time of the hearing, you (and your attorney, if attorney is obtained) should report to the 9<sup>th</sup> Floor of the Probate Court to the assigned magistrate. (The magistrate will already have the file with the forms you initially filed.) If you had to obtain waivers or serve notices of the hearing you will give them to the magistrate. The Magistrate will conduct the hearing. If service has been completed and the Magistrate finds a guardian should be appointed, a Decision of Magistrate and Entry Appointing Guardian will be signed. The magistrate will escort you to the Issue Desk and have the Letters of Guardianship issued if:</p> <ul style="list-style-type: none"> <li>- Service on next of kin has been completed.</li> <li>- Bond has been executed by surety.</li> <li>- If presenting a bond, the Statement of Joint Control and Entry</li> </ul>	

<p>Appointing Co-Signer is also filed.</p> <ul style="list-style-type: none"> <li>- If not posting bond, need Application and Entry for Custodial Depository (with account number).</li> </ul>	
<p><b>Contested Hearing</b></p> <p>At the date and time of the hearing, you (and your attorney, if attorney is obtained) should report to the 9<sup>th</sup> Floor of the Probate Court to the assigned magistrate. (The magistrate will already have the file with the forms you initially filed.)</p> <p>A more complicated hearing could occur when:</p> <ul style="list-style-type: none"> <li>- The alleged incompetent or an attorney representing him/her appears at the hearing to contest the appointment.</li> <li>- A person who has power of attorney may appear to contest the appointment.</li> <li>- A next of kin may appear and state that he/she would like to fill out an application also.</li> </ul> <p>At this time the magistrate may proceed with the hearing or continue the hearing to another date and time.</p> <p>If a competing application was filed; the hearing will likely be continued allowing the new applicant time to file and service to be completed.</p> <p>At the hearing, the Magistrate hears testimony and makes a decision whether to appoint a guardian.</p> <p>Letters of Guardianship would be issued as stated above in the uncontested hearings.</p>	

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

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

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

**APPLICATION FOR APPOINTMENT OF GUARDIAN  
OF ALLEGED INCOMPETENT  
(R. C. 2111.03)**

Applicant represents to the Court that \_\_\_\_\_ aged \_\_\_\_\_ years,  
resides or has a legal settlement at \_\_\_\_\_, in  
Hamilton County, Ohio and that the prospective ward is incompetent by reason of [R.C.2111.01 (D)]

\_\_\_\_\_

\_\_\_\_\_

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 said 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

non-limited       limited       person and estate       estate only       person only

If limited guardianship is applied for, the limited powers requested are \_\_\_\_\_

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

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.)

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

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone number (include area code)

\_\_\_\_\_  
Supreme Court Registration Number

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Street

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

\_\_\_\_\_  
Phone number (include area code)

**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

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

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 (limited) guardian of the (person and estate) of \_\_\_\_\_ It is ordered that the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_ 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

\_\_\_\_\_  
James Cissell, Probate Judge

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

**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 \_\_\_\_\_

\_\_\_\_\_


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

**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 annually, 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 father or mother, or has a father or mother who fails to maintain or educate him/her.
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.
7. Cooperate with Court personnel who may conduct follow-up visits with my ward.

**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 HAMILTON COUNTY, OHIO  
JAMES CISSELL, JUDGE**

**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 his 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 HAMILTON COUNTY, OHIO  
JAMES CISSELL, 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 this Court pertaining to guardianships.

\_\_\_\_\_  
Guardian

The above oath was taken and signed in my presence on this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
James Cissell, Judge/Magistrate



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

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

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

**STATEMENT OF EXPERT EVALUATION**

[ This form may only be used for purposes of a Guardianship Application ]

Definition of incompetent [O.R.C. 2111.01 (D): " An Incompetent means any person who is so mentally impaired as a result of a mental or physical illness or disability, or mental retardation, 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 statement of evaluation does not declare the prospective ward competent or incompetent, but is evidence to be considered by the Court.

The fee for completing this evaluation WILL NOT be paid by the Court. Each evaluator should secure payment from the Applicant.

1. This statement of expert evaluation is for the Guardianship Application. (To be completed by a Licensed Physician, or Licensed Clinical Psychologist, and attached to the Application).

2. Statement completed by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

who is a:      Licensed Physician \_\_\_\_\_      Licensed Psychologist \_\_\_\_\_

3. Date(s) of evaluation: \_\_\_\_\_

Place(s) of evaluation: \_\_\_\_\_

Time spent with ward: \_\_\_\_\_

Length of time prospective ward has been your patient: \_\_\_\_\_

4. Is the prospective ward presently under medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the medication, dosage, and purpose. \_\_\_\_\_

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

5. During the examination did you note a disturbance of the prospective ward's:

	Yes	No
a) Orientation? .....	_____	_____
b) Speech? .....	_____	_____
c) Motor Behavior? .....	_____	_____
d) Thought Process? .....	_____	_____
e) Affect? .....	_____	_____
f) Memory? .....	_____	_____
g) Concentration and Comprehension? .....	_____	_____
h) Judgment? .....	_____	_____
i) Perception of Time and Place? .....	_____	_____

6. Please describe any abnormalities identified in question five. (Attach addenda if space is not adequate.) \_\_\_\_\_

7. Is the prospective ward mentally impaired? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the cause? \_\_\_\_\_

8. Is the prospective ward physically impaired? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the cause? \_\_\_\_\_

9. Did you consult any collateral information in conjunction with your evaluation?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

10. Please give a summary of background/historical information obtained from the prospective ward and/or collateral source. \_\_\_\_\_

11. Could you determine the general level of intelligence and fund of knowledge of the prospective ward? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

12. Do you believe this prospective ward in his/her present condition, is substantially capable of managing his/her finances and property? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

13. Do you believe this prospective ward in his/her present condition, is substantially capable of caring for his/her activities of daily living or making decisions concerning medical treatments, living arrangements, and diet? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

14. Prognosis: \_\_\_\_\_

In my opinion the application for guardianship

- Should be granted.                       Should not be granted

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

**Additional Comments**

---

---

---

---

---

I certify that I have evaluated \_\_\_\_\_ for the purpose of guardianship.

\_\_\_\_\_  
Date of Evaluation

\_\_\_\_\_  
Evaluator

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

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

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

**NOTICE TO PROSPECTIVE WARD OF APPLICATION  
AND HEARING**

To \_\_\_\_\_

Address \_\_\_\_\_

An application for appointment of \_\_\_\_\_ as (limited) guardian for your (person and estate) has been filed with the Probate Court.

A hearing on that application will be held on \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_ .M. at Hamilton County Probate Court, 230 E. Ninth Street, Room \_\_\_\_\_, Cincinnati, Ohio. At that hearing, Applicant must prove by 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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
James Cissell, Probate Judge

(Seal)

by: \_\_\_\_\_  
Deputy Clerk

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

**RETURN**

\_\_\_\_\_ County, Ohio  
\_\_\_\_\_

Received this notice on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
and on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, 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

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

**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 \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_ filed in the

Court an application for the appointment of a (limited) guardian of the (person and estate) of \_\_\_\_\_

\_\_\_\_\_

an alleged incompetent.

A hearing on that application will be held on \_\_\_\_\_

\_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ M. at

Hamilton County Probate Court, 230 E. Ninth Street, Room \_\_\_\_\_, Cincinnati, Ohio.

Witness my signature and the seal of the Court,  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
James Cissell, Probate Judge

\_\_\_\_\_  
Deputy Clerk

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

# RETURN

\_\_\_\_\_ County, Ohio

Received this writ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, 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	_____
_____	_____
Total,	\$ _____

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sheriff

Deputy

# AFFIDAVIT OF SERVICE

The State of Ohio, \_\_\_\_\_ County.

\_\_\_\_\_, being first duly sworn, says that on the \_\_\_\_\_ day of \_\_\_\_\_, he served the within notice by delivering a true copy thereof personally to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sworn to before me and signed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

**COURT INVESTIGATOR'S REPORT ON PROPOSED  
GUARDIANSHIP**

[R.C. 2111.041]

**GENERAL INFORMATION**

[To be compiled by Probate Court Investigator]

Individual's age \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Individual's residence \_\_\_\_\_

Grounds for application (R.C. 2111.01 (D)):

- mentally impaired as a result of a mental illness or disability.
- mentally impaired as a result of a physical illness or disability.
- mentally impaired as a result of mental retardation.
- mentally impaired as a result of chronic substance abuse.
- any person confined to a correctional institution within this state.

so that

- the individual is incapable of taking proper care of the individual's self.
- the individual is incapable of taking proper care of the individual's property.
- the individual fails to provide for the individual's family or other individual for whom the person is charged by law to provide.

Documentation submitted and date of evaluation \_\_\_\_\_

Referral Source: \_\_\_\_\_

## INVESTIGATOR'S REPORT

### I. Service of Notice

- Made at Individual's home  
 Made in Hospital, Nursing Facility, or Community-Based Care Facility:

Name of Facility \_\_\_\_\_

Address of Facility \_\_\_\_\_

Administrator or representative served \_\_\_\_\_

Other \_\_\_\_\_

Date of Service of Notice: \_\_\_\_\_

Other present during the contact (if yes, list name and relationship) \_\_\_\_\_

#### A. Individual's understanding of the concept of guardianship:

- Good                       Fair                       Poor                       Unable to determine.

Explain: \_\_\_\_\_

#### B. Individual's attitude to the concept of guardianship:

- Consenting               Opposed               Unable to Determine.

Explain: \_\_\_\_\_

C. Specific requests of the individual concerning enumerated rights: \_\_\_\_\_

### II. Mental and Physical Conditions of Individual

A. Individual's reported mental and physical diagnosis: \_\_\_\_\_

Individual's reported medications: \_\_\_\_\_

Reported by whom: \_\_\_\_\_

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

**B. Mental Status Observations:** During interview were impairments noted in the Individual's

	Yes	No	Unable to Determine
1. Orientation (Person, Place and Time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Thought Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Affect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Concentration & Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain further if necessary: \_\_\_\_\_  
\_\_\_\_\_

**C. Describe the Physical Condition of Individual**

1. Isolation \_\_\_\_\_
2. Eating Habits \_\_\_\_\_
3. Significant Weight Loss or Gain \_\_\_\_\_
4. Sleep Habits \_\_\_\_\_
5. Motor Behavior \_\_\_\_\_

Explain further if necessary: \_\_\_\_\_  
\_\_\_\_\_

**D. Describe the Environmental or Living Condition of the Individual:**

1. Housing & Sanitation \_\_\_\_\_
2. Risk of Accidents \_\_\_\_\_
3. Physical Barriers \_\_\_\_\_
4. Resource Availability \_\_\_\_\_

Explain further if necessary: \_\_\_\_\_  
\_\_\_\_\_

**III. Functional Capacities**

**Activities and Instrumental Activities of Daily Living**

	Capable	Incapable	Unable to Determine
1. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Transfer from bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Capable	Incapable	Unable to Determine
6. Handling personal finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Doing housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Using telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Taking medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain further if necessary:

---

---

#### IV. Additional Items Affecting Guardianship Plan Development

A. Are there any indications or allegations of substance abuse by the individual or significant other that could impact the guardianship issue? Yes  No  Explain and recommend actions needed:

---

---

---

B. Are there any special characteristics of the individual (including aggressive, violent, or sexual behaviors, or other vulnerabilities) that pose a risk to self or others, which should be considered as guardianship decisions on living arrangements and supervision are made?

Yes  No

Explain the characteristics and recommend actions needed: \_\_\_\_\_

---

---

C. Are there any allegations or indications of abuse, neglect, or exploitation of the individual?

Yes  No

Explain and recommend needed actions: \_\_\_\_\_

---

---

D. Is there a need for additional medical, psychiatric or psychological testing? Yes  No

If yes, give specific recommendations: \_\_\_\_\_

---

---

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

E. Are there inconsistencies between the Expert Evaluation and the Court Investigator's findings that need further review by the Court? Yes  No  If yes, identify the inconsistencies and make a recommendation(s) to the Court: \_\_\_\_\_

\_\_\_\_\_

F. Are there unresolved issues/conflicts/differences among the parties? Yes  No  If yes, would medication be of assistance? Yes  No

Explain: \_\_\_\_\_

G. Is there a power of attorney for financial affairs? Yes  No  Unknown  If yes, where is it located?

Who is the attorney-in-fact? \_\_\_\_\_

H. Is there a last will and testament? Yes  No  Unknown  If yes, where is it located? \_\_\_\_\_

I. Is there a durable power of attorney for health care/living will? Yes  No  Unknown  If yes, where is it located? \_\_\_\_\_

Give name and address of attorney-in-fact: \_\_\_\_\_

J. Is there an advance directive for mental health care? Yes  No  Unknown  If yes, where is it located? \_\_\_\_\_

Give name and address of attorney-in-fact: \_\_\_\_\_

K. Is the individual a veteran? Yes  No

**V. RECOMMENDATIONS: Given the above information and Expert Evaluation(s):**

**A. IS A GUARDIANSHIP NECESSARY?**

Yes

Person Only

Estate Only

Person and Estate

Limited List Duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

No Explain and recommend a less restrictive alternative: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are any of the mental, physical, or environmental conditions reversible?

Yes  No  Unknown

If yes, explain and recommend a date for the Court to review the guardianship \_\_\_\_\_

\_\_\_\_\_

**B. NECESSITY FOR THE APPOINTMENT OF:**

Attorney

Independent Expert Evaluator

Are there special urgency needs? Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

I certify that I have served notice to the alleged incompetent as required by statute and I have communicated to the individual in a language and method best understandable by the individual the individual's right to be present at the hearing, the right to contest any application for the appointment of a guardian for his or her person, estate, or both, and the right to be represented by counsel.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Investigator

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

**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

\_\_\_\_\_ James Cissell, Probate Judge

**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)

\_\_\_\_\_ James Cissell, Probate Judge

by: \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_ Date

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

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

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

**STATEMENT OF COUNSEL AND GUARDIAN  
CUSTODY OF FUNDS**

Undersigned counsel and guardian agree that the funds of the within guardianship shall be maintained so that both signatures are required for their withdrawal and withdrawals will be made only in accordance with the order of this Court.

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Guardian

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

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

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

**ENTRY APPOINTING CO-SIGNER FOR ESTATE FUNDS**

The Court finds that is in the best interest of the ward and for safety and security reasons, that joint custody be established for the funds of the within estate.

Therefore the Court ORDERS that \_\_\_\_\_  
be in joint control of all estate funds and authorizes him/her to sign all necessary instruments to execute this order.

\_\_\_\_\_  
James Cissell, Probate Judge

\_\_\_\_\_  
Attorney

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

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

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

**JUDGMENT ENTRY  
APPOINTMENT OF GUARDIAN FOR INCOMPETENT PERSON  
(R.C. 2111.02)**

Upon hearing the application for appointment of guardian herein the Court finds that \_\_\_\_\_  
\_\_\_\_\_ 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 \_\_\_\_\_  
\_\_\_\_\_ 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 the bond as filed.

The Court finds a record of the hearing was waived.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
James Cissell, Probate Judge

(Seal)

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

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

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

**GUARDIAN'S INVENTORY  
(R.C. 2111.14(A))**

of the real and personal estate of the ward \_\_\_\_ with its  
value and the value of the yearly rent of the estate

---

---

List any safety deposit box and date and location of any will. §

**RECAPITULATION**

Total value of Personal Estate .....	\$ _____
Total value of Real Estate .....	\$ _____
Yearly rent of Real Estate .....	\$ _____
Other annual income .....	\$ _____
Total .....	\$ _____

\_\_\_\_\_  
Guardian

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

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

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

**APPLICATION TO RELEASE FUNDS TO GUARDIAN**

Now comes the guardian of the above-named ward and makes application for authority to secure the release of the following funds of the ward.

The applicant further states that it is for the best interest of the ward that this authority be granted.

\_\_\_\_\_  
Guardian

---

**ORDER AUTHORIZING RELEASE OF FUNDS**

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, this cause came on to be heard upon the application of the guardian of the above-named ward and the evidence, and the Court being fully advised in the premises, hereby authorizes the release of the above funds to the guardian.

\_\_\_\_\_  
James Cissell, Probate Judge

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

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

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

**APPLICATION FOR AUTHORITY TO EXPEND FUNDS**

Now comes the undersigned, guardian of the estate of the above-named \_\_\_\_\_ minor \_\_\_\_\_ incompetent ward, and makes application for authority to expend funds for the best interest of the ward as follows:

**[State amount requested, nature of expenditure, and the frequency and duration of authority requested. Attach additional explanation, documentation, or estimates as needed.]**

\_\_\_\_\_  
Guardian/Applicant

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Street

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

\_\_\_\_\_  
Phone number (include area code)

---

**ORDER AUTHORIZING EXPENDITURE OF FUNDS**

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, this cause came on to be heard upon the application of the guardian of the estate of the above-named ward and the evidence, and the Court being fully advised in the premises, hereby authorizes the guardian to expend funds as set forth in the Application.

\_\_\_\_\_  
James Cissell, Probate Judge

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

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

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

**GUARDIAN'S ACCOUNT  
(R.C.2109.30)**

\_\_\_\_\_ Account  
From \_\_\_\_\_ To \_\_\_\_\_

---

Date _____	(Balance from previous account) \$	Voucher No.	\$

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

**RECAPITULATION**

Total Receipts..... \$ \_\_\_\_\_

Total Disbursement..... \$ \_\_\_\_\_

Balance Remaining..... \$ \_\_\_\_\_

**ITEMIZED STATEMENT OF ALL FUNDS, ASSETS AND INVESTMENTS**

ITEM \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ \$

\_\_\_\_\_  
 Attorney

\_\_\_\_\_  
 Attorney Registration No.

\_\_\_\_\_  
 Guardian

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

\_\_\_\_\_  
 Address of Guardian

\_\_\_\_\_

**BANK CERTIFICATE**

**N.B. Must be executed when funds are on deposit.**

I HEREBY CERTIFY that the within named fiduciary, on the date named below, had on deposit in

The \_\_\_\_\_ of \_\_\_\_\_, Ohio, the sum of \$ \_\_\_\_\_

on \_\_\_\_\_ to the credit of the estate of \_\_\_\_\_  
Nature of Deposit

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
 Bank

By \_\_\_\_\_  
 Cashier

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

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

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

---

---

**BANK CERTIFICATE**

N.B. Must be executed when funds are on deposit.

I HEREBY CERTIFY that the within named fiduciary, on the date named below, had on deposit in

The \_\_\_\_\_ of \_\_\_\_\_, Ohio,  
the sum of \$ \_\_\_\_\_ on \_\_\_\_\_ to the credit of  
the estate of \_\_\_\_\_  
Nature of deposit

Dated \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Bank

By \_\_\_\_\_  
Cashier

\_\_\_\_\_  
Fiduciary

---

---

**BANK CERTIFICATE**

N.B. Must be executed when funds are on deposit.

I HEREBY CERTIFY that the within named fiduciary, on the date named below, had on deposit in

The \_\_\_\_\_ of \_\_\_\_\_, Ohio,  
the sum of \$ \_\_\_\_\_ on \_\_\_\_\_ to the credit of  
the estate of \_\_\_\_\_  
Nature of deposit

Dated \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Bank

By \_\_\_\_\_  
Cashier

\_\_\_\_\_  
Fiduciary

Attach to Guardian account form 15.8

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

**TRUST OF  
GUARDIANSHIP OF  
ESTATE OF** \_\_\_\_\_

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

**NOTICE OF HEARING ON ACCOUNT**

To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby notified that a \_\_\_\_\_ account covering the period from \_\_\_\_\_ to \_\_\_\_\_ has been filed, and the hearing will be held on \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_ M. The Court is located at the William Howard Taft Center, 230 East Ninth Street, Ninth Floor, Cincinnati, Ohio 45202-2145.

You are required to examine the account, to inquire into the contents of the account, and into all matters that may come before the Court at the hearing on the account. Any exceptions to the account shall be filed in writing not less than five days prior to the hearing. Absent the filing of written exceptions, the account may be approved without further notice.

\_\_\_\_\_  
Fiduciary/Attorney for Fiduciary  
Attorney Registration No. \_\_\_\_\_



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

**TRUST OF  
GUARDIANSHIP OF  
ESTATE OF \_\_\_\_\_**

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

**ENTRY SETTING HEARING ON ACCOUNT**

The Court sets \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_ M.  
as the date and time for hearing on the current/final account in this matter. If notice is required,  
the Court orders that notice of the hearing on the account be given to all parties entitled to notice,  
who do not waive the same, at least fifteen (15) days prior to the date and time set for  
hearing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
James Cissell, Probate Judge

\_\_\_\_\_  
Attorney

Attorney Registration No. \_\_\_\_\_

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

**TRUST OF  
GUARDIANSHIP OF  
ESTATE OF** \_\_\_\_\_

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

**ENTRY APPROVING AND SETTLING ACCOUNT**

[R.C. 2109.32]

Upon hearing the account filed \_\_\_\_\_, the Court finds that:

**[Check whichever of the following are applicable]**

- The \_\_\_\_\_ partial account has been lawfully administered.
- The events have occurred after which the Court may approve and settle a final account.
- The events have occurred after which the Court may approve and settle a supplemental final account.

The account is therefore approved and settled.

**[Check whichever of the following are applicable]**

The fiduciary shall be discharged without further order of the Court twelve months following the approval of the final and distributive account unless discharged by this entry.

- The fiduciary is discharged herewith.
- The surety bond is terminated herewith.
- This is a final account of a (deceased) (removed) (resigned) fiduciary. The estate shall remain open.
- This is a final account of the guardianship for the estate only. This matter shall continue as a person only guardianship.
- This is a final account of a beneficiary of a trust. The trust estate shall remain open for other beneficiaries of the trust.

\_\_\_\_\_  
Date

\_\_\_\_\_  
James Cissell, Probate Judge