

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, 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
Hamilton 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 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.)

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

Type or Printed Name

Type 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)

E-mail Address