

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 is required at the time of filing. Current Court Costs are posted at: <https://www.probatect.org/about/general-resources>.

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, Visa, Discover, or American Express. No personal checks will be accepted.**

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

PROCEDURAL STEPS

WHEN TO FILE

| PROCEDURAL STEPS | WHEN TO FILE |
|--|--|
| STEP 1: COMPLETE THE FOLLOWING FORMS FOR THE INITIAL FILING | |
| Application for Appointment of Guardian of Alleged Incompetent (17.0) <ul style="list-style-type: none">- Complete information | At the time of initial filing |
| Next of Kin of Proposed Ward (15.0) <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. If the address is unknown, please state so. | At the time of initial filing |
| Judgment Entry Setting Hearing on Application for Appointment (15.01) <ul style="list-style-type: none">- 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) <ul style="list-style-type: none">- 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) <ul style="list-style-type: none">- Complete name of proposed ward, sign and date. Note: The Court will hold applicant responsible for the duties described on this form. | At the time of initial filing |
| Authorization to Release Confidential Information (H.C. 15.11) <ul style="list-style-type: none">- Complete form, sign in presence of a witness, and have witness sign. Witness cannot be a relative. | At the time of initial filing |

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| <p>Affidavit of Guardian Applicant (H.C Form 27.13)</p> <ul style="list-style-type: none"> - This is necessary for all guardianships. - Complete form. - Have form notarized. | At the time of initial filing |
| <p>Statement of Expert Evaluation (H.C. 17.10)</p> <ul style="list-style-type: none"> - Applicant must have a Licensed Physician or a Licensed Clinical Psychologist evaluate the alleged incompetent and complete the form. <p>Date of evaluation must have been within 3 months of filing of the application.</p> | At the time of initial filing |
| <p>Notice to Prospective Ward of Application and Hearing (17.3)</p> <ul style="list-style-type: none"> - Complete form. - Make certain that correct daytime address of the proposed ward is provided (e.g., school, workshop, hospital, etc.). - The Court will fill in hearing date & time and sign & date the form. | At the time of initial filing |
| <p>Notice of Hearing for Appointment of Guardian of Alleged Incompetent (H.C. 17.4)</p> <ul style="list-style-type: none"> - List next of kin of the alleged incompetent who have not waived notice (form 15.1). - Complete certified mail on each person listed. - Complete affidavit on <i>back</i> of form. - Present certified mail return (green card) from each individual who did not waive notice to the magistrate assigned to your case. | 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>Affidavit of Indigency and Entry Authorizing Payment (H.C. 117.0)</p> <ul style="list-style-type: none"> - Filed when the alleged incompetent has no assets or the monthly income received does not exceed more than 125% of the Federal Poverty Schedule - Form is only accepted if applying for guardian of the person only. | |
| THE NEXT GROUP OF FORMS ARE NOT NEEDED AT THE INITIAL FILING. | |
| <p>Guardian's Bond (15.3)</p> <ul style="list-style-type: none"> - For Guardianship of the Estate of an proposed ward, the applicant is required to execute a bond. - Applicant must execute and date form. - Bond must be executed by a surety company. - The bond amount is twice the value of the proposed ward's personal property. | <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"> - Complete form, but do not sign. Oath must be executed in front of a magistrate. | Preferably at the time of initial filing. Otherwise, the day of hearing. |
| <p>Letters of Guardianship (15.4)</p> <ul style="list-style-type: none"> - Complete form. - The court clerk will sign and date, if guardianship is granted. | Preferably at the time of initial filing. Otherwise, the day of hearing. |
| <p>Statement of Counsel and Guardian – Custody of Funds (H.C. 115.20)</p> | Preferably at the time of initial filing. Otherwise, if needed, the day of |

| | |
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| <ul style="list-style-type: none"> - Complete form. - Both attorney and applicant must sign. - Filed only when guardianship includes Estate, a bond is presented and the assets are not being placed in the Deposit In Lieu Program. | hearing. |
| <p>Entry Appointing Co-Signer for Estate Funds (H.C. 115.21)</p> <ul style="list-style-type: none"> - Complete form. - Magistrate will sign on day of hearing. | Preferably at the time of initial filing. Otherwise, if needed, the day of hearing. |
| <p>Judgment Entry – Appointment of Guardian for Incompetent Person (H.C. 17.5)</p> <ul style="list-style-type: none"> - Complete form. - The court will execute if the guardianship is granted. | Preferably at the time of initial filing. Otherwise, the day of hearing. |
| <p>Application for Release of Funds to Custodial Depository in Lieu of Bond (H.C.204.05)</p> <ul style="list-style-type: none"> - Complete form. - Filed when there is not an attorney and applicant does not want to obtain one. - Filed to dispense with requirement of joint control with an attorney, posting of a bond and filing of yearly accounts. - This program is restricted to accounts established at 5/3 Bank and US Bank. | Normally, the day of the hearing |
| <p>Entry Releasing Funds to Custodial Depository in Lieu of Bond (H.C. 204.06)</p> <ul style="list-style-type: none"> - Complete form. - Make sure you have obtained an account number from the bank. | Normally, the day of the hearing |
| <p>Verification of Receipt and Deposit of Custodial Depository (H.C. 204.07)</p> <ul style="list-style-type: none"> - A bank clerk completes form once the funds are in the account. - Normally the bank sends the form to the Court. | 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"> - If the guardianship is for the Estate or Person & Estate, the guardian must file an Inventory specifically listing the assets of the incompetent and the value of those assets. | 3 months from date of appointment |
| <p>Application and Order Authorizing Release of Funds (15.6)</p> <ul style="list-style-type: none"> - To obtain the right for the guardian to release funds, complete form. - Specifically list the name of the financial institution, the type of account and the account number. | Anytime after the appointment has been granted |
| <p>Application and Order Authorizing Expenditure of Funds (15.7)</p> <ul style="list-style-type: none"> - If a Guardianship of the Estate is established, all expenditures made by the guardian have to be approved by the Court prior to the time the expenditures are made. - Complete form - List who is to be paid, purpose of the expenditure, and amount of expenditure. | Anytime after the Guardian's Inventory has been filed |
| <p>Guardian's Account (H.C. 15.8) - (Custodial Depository is not utilized)</p> <ul style="list-style-type: none"> - From the date of their appointment, the Guardian of the | Every year from date of appointment. |

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|---|--|
| <p>Estate is responsible for filing of an annual account.</p> <ul style="list-style-type: none"> - Specifically list the assets of the ward that were listed on the Inventory (15.5) plus all income and disbursements. | |
| <p>Entry Setting Hearing on Account (H.C. 213.8)</p> <ul style="list-style-type: none"> - Fill in the name of the ward only, the Court will fill in hearing date & time and sign & date the form. | |
| <p>Notice of Hearing on Account (H.C. 13.5)</p> <ul style="list-style-type: none"> - When filing a <i>final</i> account, the guardian shall serve ordinary mail notice on all of the ward's next of kin, unless waivers (13.7) are obtained. - See Local Rule 64.1 (D). | |
| <p>Waiver of Notice of Hearing on Account (H.C. 13.7)</p> <ul style="list-style-type: none"> - If possible, have all next of kin execute form. | |
| <p>Entry Approving and Settling Account (H.C. 13.3)</p> <ul style="list-style-type: none"> - Complete form. - Present to an account clerk for further processing. | |
| <p>Guardian's Report (17.7)</p> <ul style="list-style-type: none"> - Guardian must complete form. - Make sure to complete the <i>front</i> and <i>back</i> of the form and to sign in the appropriate area. | 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"> - Guardian must have a Licensed Physician, Licensed Clinical Psychologist, Licensed Independent Clinical Social Worker, Licensed Professional Clinical Counselor <i>or</i> Developmental Disability Team evaluate the ward and complete the form. - The evaluation must be within three months of the date of this report. - This Evaluation (17.15) must be filed together with the Guardian's Report (17.7) | Filed with the Guardian's Report |
| STEP 2: ASSIGNING OF MAGISTRATE, REVIEWING OF FORMS, AND SETTING HEARING DATE. | |
| <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 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> | |
| STEP 3: FILING OF FORMS WITH CASHIER | |
| <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. 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. The clerk at the Issue Desk will return</p> | |

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| to you any notices that you are to serve. | |
| STEP 4: SERVICE OF NOTICE ON ALLEGED INCOMPETENT | |
| 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 daytime address 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. | |
| STEP 5: THE HEARING – WHAT TO EXPECT | |
| Uncontested Hearing – Person only | |
| At the date and time of the hearing, you (and your attorney, if attorney is obtained) should report to the 10 th 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. | |
| Uncontested Hearing – Person and Estate or Estate Only | |
| At the date and time of the hearing, you (and your attorney, if attorney is obtained) should report to the 10 th 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: <ul style="list-style-type: none"> - Service on next of kin has been completed. - Bond has been executed by surety. - If presenting a bond, the Statement of Joint Control and Entry Appointing Co-Signer are also filed. - If not posting bond, need Application and Entry for Custodial Depository (with account number). | |
| Persons and Entities that have been excluded from Visitation and Communication With the Ward (H.C. 15.21). | This form is filed once Letters of Guardianship have been issued. |

**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

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, 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
RALPH WINKLER, 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

Ralph Winkler, Probate Judge

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, 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
RALPH WINKLER, 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 parents, or has a parent who fails to maintain or 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.
7. Cooperate with Court personnel who may conduct follow-up visits with my ward.
8. To encourage visitation and communication between the ward and the ward's family and friends, so long as such visitation and communication is in the best interest of the ward.

If I change my address or the ward's address, I shall immediately notify the 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. I will be liable for costs associated with my failure to comply with these requirements

Date

Fiduciary

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, 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.
- ☐ To file documentation of compliance with guardian education requirements.

Guardian

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

Ralph Winkler, Judge/Magistrate

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, JUDGE**

GUARDIANSHIP OF _____

CASE NO. _____

**AUTHORIZATION TO RELEASE
CONFIDENTIAL INFORMATION**

Name _____
Last First Middle

Date of Birth _____ Social Security Number _____

I hereby authorize the release of all confidential records and information concerning me to any officer or agent of the Hamilton County Probate Court for the purpose of an investigation pertaining to a proposed Guardianship.

Witness Date

Applicant

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, JUDGE**

GUARDIANSHIP OF _____

CASE NO. _____

STATE OF OHIO

COUNTY OF HAMILTON

)
)
)

SS:

AFFIDAVIT OF GUARDIAN APPLICANT

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.)

| <u>DATE</u> | <u>TYPE OF CHARGE</u> | <u>COURT NAME</u> | <u>PENDING/CONVICTED/PLEADED GUILTY</u> |
|--------------------|------------------------------|--------------------------|---|
| _____ | _____ | _____ | <input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty |
| _____ | _____ | _____ | <input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty |
| _____ | _____ | _____ | <input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty |
| _____ | _____ | _____ | <input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty |

I understand that I have a duty to notify the Hamilton 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 _____, _____.

Notary Public / Deputy Clerk

Printed Name of Notary Public

Commission Expiration Date: _____
(Affix seal here)

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, 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 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 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 Clinical 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?

CASE NO. _____

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
RALPH WINKLER, 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 _____, _____.

Ralph Winkler, 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
RALPH WINKLER, 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)

Ralph Winkler, 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 _____ 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 _____, _____.

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, 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

Ralph Winkler, 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)

Ralph Winkler, Probate Judge

by: _____
Deputy Clerk

Date

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, 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 Court orders Letters of Guardianship be issued to _____ as provided by law.

For good cause shown, the Court finds that the appointed Guardian (is/is not) exempt from the provisions of Sup. R. 66.01 et seq since (he/she) is related to the Ward.

The Court further ORDERS: _____

Date

Ralph Winkler, Probate Judge

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, JUDGE**

GUARDIANSHIP OF _____

CASE NO. _____

**PERSONS AND ENTITIES THAT HAVE BEEN EXCLUDED
FROM VISITATION AND COMMUNICATION WITH THE WARD**
(SUP. R. 66.09 (F)(2)(i))

Names of Individuals and Entities:

Reason:

Date

Fiduciary