

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

GUARDIANSHIP OF _____

CASE NO. _____

GUARDIANSHIP INFORMATION

The Applicant/Guardian hereby provides the Court with the following information:

RESIDENTIAL PROVIDER INFORMATION

Residential Provider: _____

Contact Name: _____

Phone Number (including area code): _____

Email: _____

HAMILTON COUNTY BOARD OF DEVELOPMENTAL DISABILITIES INFORMATION

SSA Name: _____

SSA Phone Number (including area code): _____

SSA Email: _____

DAY PROGRAM/WORKSHOP/COMMUNITY EMPLOYMENT INFORMATION

Program Name: _____

Contact Name: _____

Phone Number (including area code): _____

Address: _____

Days/Hours Attend: _____

Applicant/Guardian