

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

GUARDIANSHIP OF _____
CASE NO. _____

GUARDIAN'S REPORT
[R.C. 2111.49 and Sup.R. 66.05(B)(2)]

NOTE: If allotted space is inadequate to respond, write "See Exhibit" in the space and add appropriate exhibit letter sequence, then attach exhibit containing information requested for that space.

1. This is the **(circle one)**: 1st, 2nd, 3rd, 4th, 5th, 6th, or _____, Guardian's Report.
2. Ward's Date of Birth: _____
3. Ward's present address: _____
City _____ State _____
Zip _____ Telephone (_____) _____
4. Ward's living arrangements at the above address are best described as:
 - ☐ a. His or her own apartment or home (includes assisted living facilities).
 - ☐ b. Private home or apartment of:
 - ☐ (1) the ward's guardian
 - ☐ (2) a relative of the ward, whose name is _____
and relationship is _____
 - ☐ (3) a non-relative whose name is _____
 - ☐ c. A foster, group or boarding home.
 - ☐ d. A nursing home.
 - ☐ e. A medical facility or state institution.
 - ☐ f. Other (describe) _____

 - ☐ g. If c, d, e or f is checked, complete the following:
 - ☐ (1) The name of the home, facility or institution _____

 - ☐ (2) The name of an individual at the home, facility or institution who has knowledge
and is authorized to give information to the Court about the ward.
Name _____
Telephone Number (_____) _____
5. The ward will be at the address given in Item 2:
 - ☐ a. Indefinitely.
 - ☐ b. Temporarily. The new address and telephone number is:
 - ☐ (1) Unknown. I will provide this information when known.
 - ☐ (2) _____
City _____ State _____
Zip _____ Telephone (_____) _____

CASE NO. _____

6. Guardian's contact with the ward:
- Approximate number of times the guardian had contact with the ward during the period covered by this report: _____.
 - The nature of those contacts (phone, personal, or other): _____

 - Date the ward was last seen by the guardian: _____
7. Have you observed any major change in the ward's physical or mental condition during the period covered by this report? ☐ Yes ☐ No
If "yes" is checked, briefly describe the changes. _____

8. The care given to the ward is ☐ Adequate ☐ Not Adequate
If "Not Adequate" is checked, explain. _____

9. The guardianship should be ☐ Continued ☐ Not Continued
If "Not Continued" is checked, explain. _____

10. During the period covered by this report, the ward ☐ has ☐ has not been seen by a physician. If the ward has been seen, the last date was _____ and for the purpose of _____
11. ☐ I currently serve as the Guardian to ten or more wards and certify to the court that I am unaware of any circumstances that may disqualify me from serving as Guardian of this Ward.
12. With regard to the continuing education requirement pursuant to Sup. R. 66.07:
- ☐ I have completed the continuing education requirement. (Attach Certificate of Completion if applicable)
- ☐ The continuing education requirement was waived.

Attached is a statement by a licensed physician, a licensed clinical psychologist, a licensed independent clinical social worker, a licensed professional clinical counselor or a developmental disability team, that has evaluated or examined the ward within three months prior to the date of this report regarding the need for continuing the guardianship. [R.C.2111.49(A)(1)(i)](Form 17.1)

Date _____

If an attorney has been consulted on this report:

Attorney for Guardian

Street

City, State, Zip Code

Telephone Number (include area code)

Attorney Registration No.

Guardian's Printed Name

Guardian's Signature

Street

City, State, Zip Code

Telephone Number (include area code)

E-mail Address

(Knowingly giving false information on a Probate document is a criminal offense.)
[R.C. 2921.13(A)(11)]