

**PROBATE COURT OF LAKE COUNTY, OHIO  
JUDGE MARK J. BARTOLOTTA**

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

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

**ANNUAL GUARDIANSHIP PLAN  
[Sup.R. 66.08 (G)]**

[Attach as addendum to Form 17.7-Guardian's Report.]

For the period \_\_\_\_\_, 20\_\_\_\_ through \_\_\_\_\_, 20\_\_\_\_

- 1. Guardianship inception date: \_\_\_\_\_, 20\_\_\_\_
- 2. Ward's physician: \_\_\_\_\_
  - a. Is there a plan to change the ward's physician in the upcoming year?  
Yes No
  - b. If so, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Ward's current address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - a. Is there a plan to change the ward's placement in the upcoming year?  
Yes No
  - b. If so, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - c. If so, when is the change anticipated to occur? \_\_\_\_\_  
\_\_\_\_\_
  - d. Name and address of new placement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. Ward's current service providers (mental health agencies, home health care providers, meals on wheels, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - a. Is there a plan to change the ward's service providers in the upcoming year? Yes No
  - b. If so, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is there a care plan or IEP in place for the ward? Yes No  
a. If so, please describe plan/IEP and any upcoming changes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please describe the ward's participation in the following activities:

a. Social/Recreational: \_\_\_\_\_  
\_\_\_\_\_

b. Employment: \_\_\_\_\_  
\_\_\_\_\_

c. Other: \_\_\_\_\_  
\_\_\_\_\_

d. If the ward is not involved in activities please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. What activities will you add for the upcoming year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please describe how the ward's financial needs will be met in the coming year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please describe your goals for meeting the Ward's personal needs in the coming year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Attach additional pages if necessary]

\_\_\_\_\_  
Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Date