

4. LIST THE NEXT-OF-KIN OF THE ALLEGED INCOMPETENT, WHO RESIDE IN THE STATE, FOR SERVICE OF NOTICE, AND WAIVER(S), IF ANY, ARE ATTACHED AS EXHIBIT B (R.C. 2111.03).

5. INFORMATION CONCERNING THE PROSPECTIVE GUARDIAN/APPLICANT (R.C. 2111.03):

a. Name and AKA _____

Home Address _____
_____ ZIP _____

Relationship to Alleged Incompetent _____

Occupation _____

Work Address _____
_____ ZIP _____

Telephone: Home _____ Work _____

b. FIDUCIARY'S ACCEPTANCE IS ATTACHED AS EXHIBIT C.

c. Applicant (is/is not) an administrator, executor, or other fiduciary of the estate wherein the alleged incompetent is interested. (R.C. 2111.09)

d. Applicant (has/has not) been charged with, or convicted of, a crime involving theft; physical violence; or sexual, alcohol, or substance abuse. If the Applicant has been so charged or convicted, list the dates and places of the charge (s) or conviction (s) (R.C. 2111.03(A)):

Charge/Conviction	Date	Place
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

e. Attorney representing the Applicant is:

Name _____

Address _____
_____ ZIP _____

Telephone _____ ID Number _____

6. INFORMATION CONCERNING THE ALLEGED INCOMPETENT (R.C. 2111.03):

a. Full Name and AKA _____
Age _____ Date of Birth _____ Male _____ Female _____

b. Ward's Present Address _____
City _____ County _____
State of _____ ZIP _____
Telephone (_____) _____

c. Ward's legal settlement or residence, if different than ward's present address:

Address _____
City _____ County _____
State of _____ ZIP _____

d. Ward's living arrangements at his present address are best described as:

- (1) His or her own apartment or home (includes assisted-living facilities).
- (2) Private home or apartment of :
 - (a) the ward's guardian.
 - (b) a relative of the ward, whose name is _____
and relationship is _____
 - (c) a non-relative whose name is _____
- (3) A foster, group, or boarding home.
- (4) A nursing home.
- (5) A medical facility or state institution.
- (6) Other (describe): _____

(7) If (3), (4), (5), or (6) is checked complete the following:

(a) The name of the home, facility or institution _____

(b) 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 (_____) _____

e. The ward will be at the address given in Item 6-b:

- (1) Indefinitely.
- (2) Temporarily. The new address and telephone number is
 - (a) Unknown. I will provide this information when known.
 - (b) Address _____
City _____ State _____
ZIP _____ Telephone (_____) _____

f. List any problems alleged incompetent may have in communicating:

g. List any agencies, either private or public, who have knowledge of the alleged incompetent, and may be of assistance in determining the need for guardianship.

7. PROOF OF INCOMPETENCY:

a. Describe briefly the basis for applicant’s alleged incompetency (R.C. 2111.01(D)):

b. State of Expert Evaluation is attached as Exhibit D.

c. Affidavits or Statements supporting a finding of incompetency:

_____ Exhibit _____
_____ Exhibit _____
_____ Exhibit _____

I hereby petition the Court to be appointed Guardian of the foregoing-described alleged incompetent, and certify that all the information and statements contained in this application and attached exhibits are correct to the best of my knowledge and belief.

Attorney for Applicant

Applicant

Sworn to before me, and signed in my presence, this _____ day _____, 20_____.

Notary Public/Deputy Clerk

**KNOWINGLY GIVING FALSE INFORMATION ON A PROBATE DOCUMENT IS A CRIMINAL OFFENSE
(R.C. 2921.13(A)(11))**

JUDGE TED KLAMMER
PROBATE COURT OF LAKE COUNTY, OHIO

IN THE MATTER OF _____

Case No. _____ Docket _____ Page _____

ADDENDUM TO GUARDIANSHIP APPLICATION

HEALTH CARE POWER OF ATTORNEY

Does there exist a Health Care Power of Attorney which enables someone to make health care decisions on behalf of the prospective ward?

_____ Yes

_____ No

If you have answered Yes, please attach a copy or provide further information below about who possesses the document, when it was executed, who is named as attorney-in-fact, etc.

REQUEST FOR MEDIATION

Do you believe your cases would benefit from mediation?

_____ Yes (For example, are there any objections to your application, are there any disagreements within your family as to the care being provided to the prospective ward or his or her living situation?)

_____ No

OTHER COMMENTS:

