

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

TYPE OF GUARDIANSHIP APPLIED FOR IS [check the applicable boxes]

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

Typed or Printed Name

Typed 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)

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

IN THE MATTER OF _____

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NEXT OF KIN OF PROPOSED WARD

(Note: If the next of kin is a minor 15 years or under, his age should be entered next to his name, and the name, address, and relationship to the minor of a natural parent, or guardian who has custody, should be listed in the next name block.)

Service Waived

1. Name _____ Relationship _____
Address _____ ZIP _____
2. Name _____ Relationship _____
Address _____ ZIP _____
3. Name _____ Relationship _____
Address _____ ZIP _____
4. Name _____ Relationship _____
Address _____ ZIP _____
5. Name _____ Relationship _____
Address _____ ZIP _____
6. Name _____ Relationship _____
Address _____ ZIP _____
7. Name _____ Relationship _____
Address _____ ZIP _____
8. Name _____ Relationship _____
Address _____ ZIP _____
9. Name _____ Relationship _____
Address _____ ZIP _____
10. Name _____ Relationship _____
Address _____ ZIP _____

LIST OF WAIVER OF NEXT KIN – APPLICATION EXHIBIT B

WAIVER OF SERVICE BY NEXT OF KIN

With the knowledge that _____
has applied to be guardian of _____,
we consent to that appointment, waive service of notice of the application and hearing, and voluntarily enter our
appearance in the matter.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |



SELECTION OF GUARDIAN BY MINOR OVER 14 YEARS OF AGE

Under Ohio law, R.C. 2111.12, if the Court finds the person selected suitable, a minor over 14 years of age may select his/her own guardian.

I, _____, Age _____,
elect _____, a resident of
_____ County, Ohio, as my guardian, and request the Court to find the
person suitable and appoint that person guardian.

Date

Minor

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

IN THE MATTER OF THE GUARDIANSHIP OF _____
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STATEMENT OF EXPERT EVALUATION

[Sup. R. 66 & R.C. 2111.49]

Definition of Incompetent (R.C. 2111.01(D)): “ ‘Incompetent’ means any person who is so mentally impaired as a result of a physical or mental illness or disability, or retardation, or as a result of chronic substance abuse, that he is incapable of taking proper care of himself or his property or fails to provide for his family or other persons for whom he is charged by law to provide, or any person confined to a penal institution within this State.”

The Statement of Evaluation does not declare the individual competent or incompetent, but is evidence to be considered by the Court. The fee for completing this evaluation **WILL NOT** be paid by the Probate Court. Each evaluator should secure payment from the Applicant/Guardian.

1. This Statement of Evaluation is to be filed with or attached to::

- A. Guardianship Application: Completed by Licensed Physician or Licensed Official Psychologist prior to filing and attached to the application.
- B. Guardian’s Report: Completed by Licensed Physician or Licensed Official Psychologist Licensed Independent Social Worker Licensed Professional Clinical Counselor or Mental Retardation Team.
The evaluation or examination shall be completed within three months prior to the date of the Report. R.C. 2111.49
- C. Application for Emergency Guardian: of the person: a Licensed Physician shall complete the Supplement for Emergency Guardian, form 17.1A with specificity indicating the emergency, and why immediate action is required to prevent significant injury to the person. The Supplement shall be signed, dated, and attached as part of this completed Statement.

2. Statement completed by:

Name&Title/Profession: _____

Business Address: _____

Business Telephone Number: _____

3. Date(s) of evaluation: _____

Place(s) of evaluation: _____

Amount of time spent on evaluation: _____

Length of time the individual has been your patient: _____

4. Is the individual 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. Is the individual mentally impaired? Yes No If yes, please indicate the diagnosis below:

Mental Retardation/Developmental Disabilities:

Profound Severe Moderate Mild

Mental Illness: Type and Severity _____

Substance Abuse: Description _____

Dementia: Description _____

Other: Description _____

Please provide additional comments and test scores if available. (Continue comments on Page 4): _____

6. During the examination did you notice an impairment of the individual's:

- | | |
|-------------------------------------|---|
| a.) Orientation | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| b.) Speech | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| c.) Motor Behavior | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| d.) Thought Process | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| e.) Affect | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| f.) Memory | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| g.) Concentration and comprehension | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| h.) Judgment | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

7. Please describe any impairments identified in question six. (Continue comments on page 4).

8. Is the individual psychologically impaired? Yes No If yes: Description

9. Are there any special characteristics of the individual which should be considered in evaluating the individual for guardianship: Yes No If yes: Explain

10. Are there any indication of abuse, neglect or exploitation of the individual? Yes No
If Yes: Explain _____

11. Do you believe the individual is capable of caring for the individual's activities of daily living or making decisions concerning medical treatments, living arrangements and diet?
 Yes No If No: Explain _____

12. Do you believe this individual is capable of managing the individual's finances and property? Yes No If No: Explain _____

13. Prognosis:

A. Is the condition stabilized? Yes No

B. Is the condition reversible? Yes No

14. In my opinion a guardianship should be:

Established/Continued

Denied/Terminated

I certify that I have evaluated the individual on _____, 20_____

Date: _____

Signature of Evaluator

GUARDIAN'S REPORT ADDENDUM

(Not to be used with initial Application)

It is my opinion, based upon a reasonable degree of medical or psychological certainty, that the mental capacity of this ward will not improve.

Date: _____

Signature-Licensed Physician/Clinical Psychologist

CRIMINAL BACKGROUND CHECK—PRODEDURE

Before the Court will appoint a guardian, the Applicant(s) must obtain a criminal background check pursuant to the following procedure:

- Sign the attached Consent to WEBCHECK Criminal Background Check and file said Consent with the Application for Appointment of Guardian of Alleged Incompetent (SPF 17.0).
- Go to the Lake County Education Service Center located at 382 Blackbrook Road, Painesville, Ohio 44077, or other location able to perform the WEBCHECK Criminal Background Check, within five days of filing the Application. You may call the Lake County Education Service Center at 440-350-2563 for an appointment or you may check appointment availability at the Service Center. Please be advised that credit cards are not accepted.
- The Center will complete the fingerprints and mail them directly to the Probate Court.
- You will be required to provide two forms of identification (a photo ID and a social security card, birth certificate, or passport).
- An FBI Investigation will be necessary in addition to the WEBCHECK if the Applicant(s) has not been a resident of Ohio continuously for the last five years. There is an additional fee for an FBI Investigation.

**IN THE COURT OF COMMON PLEAS
DIVISION OF PROBATE
LAKE COUNTY, OHIO**

IN THE MATTER OF

) CASE NO.
)
) JUDGE MARK J. BARTOLOTTA
)

CONSENT TO WEBCHECK CRIMINAL BACKGROUND CHECK
[Loc.R. 66.05(A)]

I, the undersigned, hereby authorize the Lake County Educational Service Center or alternate Lake County location to perform a criminal background check using the WEBCHECK system. The results will be sent directly to the Lake County Probate Court to become a permanent part of the Court's record.

Signature Date

Printed Name

Address

Telephone Number

Date of Birth