

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

IN THE MATTER OF \_\_\_\_\_  
Case No. \_\_\_\_\_ Docket \_\_\_\_\_ Page \_\_\_\_\_

**APPLICATION FOR APPOINTMENT OF GUARDIAN  
(OF INCOMPETENT)**

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.

Applicant represents to the Court that \_\_\_\_\_  
is in need of a guardian (R.C. 2111.02), and the following:

1. TYPE OF GUARDIANSHIP APPLIED FOR:

a. ☐ Non-Limited      ☐ Limited

b. ☐ Person and Estate    ☐ Estate Only      ☐ Person Only

2. IF THE APPLICATION IS FOR A LIMITED GUARDIANSHIP, (R.C. 2111.02(B)(1)):

a. The length (time period) of the guardianship requested is:

☐ Indefinite      ☐ Definite – from \_\_\_\_\_ 20\_\_\_\_  
to \_\_\_\_\_ 20\_\_\_\_

b. The limited powers granted to the guardian are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. IF THE APPLICATION IS FOR A GUARDIANSHIP OF THE ESTATE (R.C. 2111.03):

a. The whole estate of the prospective ward is:

Personal Property .....	\$ _____
Real Property .....	\$ _____
Annual Rents .....	\$ _____
Other Annual Income .....	\$ _____
TOTAL.....	\$ _____

b. A bond in the amount of \$ \_\_\_\_\_ is attached as Exhibit A (R.C. 2109.04(A)(1)).

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:**

---

---

---

---

---