

PROBATE COURT OF WARREN COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

Case No. \_\_\_\_\_

NEXT OF KIN OF PROPOSED WARD

(R.C. 2111.04)

(NOTE: Specify age and birthdate of each minor under 16 on the line containing the minor's name. List the name and address of the minor's parent, guardian or custodian on the name and address lines following the minor's address.)

Service Waived	Relationship	Birthdate Of Minor
1.	Name _____ Address _____	_____ Zip _____
2.	Name _____ Address _____	_____ Zip _____
3.	Name _____ Address _____	_____ Zip _____
4.	Name _____ Address _____	_____ Zip _____
5.	Name _____ Address _____	_____ Zip _____
6.	Name _____ Address _____	_____ Zip _____
7.	Name _____ Address _____	_____ Zip _____
8.	Name _____ Address _____	_____ Zip _____
9.	Name _____ Address _____	_____ Zip _____
10.	Name _____ Address _____	_____ Zip _____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

IN THE WARREN COUNTY, OHIO COMMON PLEAS COURT  
PROBATE DIVISION

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

Case No. \_\_\_\_\_

**WAIVER OF NOTICE AND CONSENT**

We, the undersigned, do each of us hereby waive the issuing and service of notice, and voluntarily enter our appearance herein.

We do hereby & } sent to the appointment of \_\_\_\_\_

or some suitable person as guardian of:

---

---

---

---

---

---

---

---

# PROBATE COURT OF WARREN COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF \_\_\_\_\_

Case No. \_\_\_\_\_ Docket \_\_\_\_\_ Page \_\_\_\_\_

## LETTERS OF EMERGENCY GUARDIANSHIP (72 Hours)

\_\_\_\_\_ is appointed Guardian of  
\_\_\_\_\_, an \_\_\_ Incompetent \_\_\_ Minor

Guardian's powers are:

All powers conferred by the laws of Ohio and rules of this Court over the ward's:

\_\_\_ Person and Estate \_\_\_ Person Only \_\_\_ Estate Only

Limited to:

consenting or withholding consent for medical treatment and personal care; authorizing hospitalization or other residential institutionalization.

\_\_\_\_\_  
\_\_\_\_\_.

Those guardianship powers, until revoked, are for an:

\_\_\_ Indefinite time period

\_\_\_ Definite time period to 72 hours from date of appointment

The above-named Guardian has the power conferred by law to do and perform all the duties of Guardian as described. No expenditures shall be made without prior Court authorization.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probate Judge

### NOTICE TO FINANCIAL INSTITUTIONS

Funds being held in the name of the within-named Ward shall not be released to Guardian without a Court order directing release of a specific fund and amounts thereof.

## CERTIFICATE OF APPOINTMENT AND INCUMBENCY

The above document is a true copy of the original kept by me as custodian of this Court. It constitutes the appointment and letters of authority of the named guardian, who is qualified and acting in such capacity.

\_\_\_\_\_  
Probate Judge  
by

\_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Date

# PROBATE COURT OF WARREN COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF \_\_\_\_\_

Case No. \_\_\_\_\_ Docket \_\_\_\_\_ Page \_\_\_\_\_

## LETTERS OF EMERGENCY GUARDIANSHIP (30 Days)

\_\_\_\_\_ is appointed Guardian of  
\_\_\_\_\_, an \_\_\_ Incompetent \_\_\_ Minor

Guardian's powers are:

All powers conferred by the laws of Ohio and rules of this Court over the ward's:

\_\_\_ Person and Estate \_\_\_ Person Only \_\_\_ Estate Only

Limited to:

consenting or withholding consent for medical treatment and personal care; authorizing hospitalization or other residential institutionalization.

\_\_\_\_\_  
\_\_\_\_\_.

Those guardianship powers, until revoked, are for an:

\_\_\_ Indefinite time period

\_\_\_ Definite time period to **30 days** from date of appointment

The above-named Guardian has the power conferred by law to do and perform all the duties of Guardian as described. No expenditures shall be made without prior Court authorization.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probate Judge

### NOTICE TO FINANCIAL INSTITUTIONS

Funds being held in the name of the within-named Ward shall not be released to Guardian without a Court order directing release of a specific fund and amounts thereof.

### CERTIFICATE OF APPOINTMENT AND INCUMBENCY

The above document is a true copy of the original kept by me as custodian of this Court. It constitutes the appointment and letters of authority of the named guardian, who is qualified and acting in such capacity.

\_\_\_\_\_  
Probate Judge  
by

\_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Date

**PROBATE COURT OF WARREN COUNTY, OHIO**

IN THE MATTER OF GUARDIANSHIP OF \_\_\_\_\_

Case No. \_\_\_\_\_

**APPLICATION FOR APPOINTMENT OF EMERGENCY GUARDIAN  
OF ALLEGED INCOMPETENT**

Application represents to the Court that \_\_\_\_\_ aged  
\_\_\_\_\_ years, 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)) \_\_\_\_\_.

Applicant further represents that an emergency exists and that it is reasonably certain that immediate action is required to prevent significant injury to the person or estate of the proposed ward. A Statement of Expert Evaluation is attached. (Form 17.1)

A List of Next of Kin of the Proposed Ward is also Attached (Form 15.0), however, applicant requests that the Court act ex parte, without notice because of the emergency existing.

The whole estate of the prospective ward is estimated as follows:

Personal property..... \$ \_\_\_\_\_  
Real estate..... \$ \_\_\_\_\_

Applicant represents that \_\_\_\_\_ is not an administrator, executor or other fiduciary of the estate wherein the alleged incompetent is interested.

Application 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.

PRESENT LOCATION OF WARD: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

TYPE OF GUARDIANSHIP APPLIED FOR IS EMERGENCY

\_\_\_\_\_ limited \_\_\_\_\_ person and estate \_\_\_\_\_ estate only \_\_\_\_\_ person only

The limited powers requested are:

consenting or withholding consent for medical treatment and personal care; authorizing hospitalization



**PROBATE COURT OF WARREN COUNTY, OHIO**

IN THE MATTER OF GUARDIANSHIP OF \_\_\_\_\_

Case No. \_\_\_\_\_

**EX PARTE JUDGMENT ENTRY  
APPOINTMENT OF EMERGENCY GUARDIAN FOR INCOMPETENT PERSON**

Upon hearing the applicant for appointment of an emergency guardian herein the Court finds that

\_\_\_\_\_ is incompetent by reason of \_\_\_\_\_

and further there exists emergency circumstances and that it is reasonably certain that immediate action is required to prevent significant injury to the person and/or estate of the proposed ward, that the proposed ward is incapable of taking proper care of \_\_\_\_ self and \_\_\_\_ property, and that an emergency guardianship is necessary.

The Court therefore appoints \_\_\_\_\_, a suitable and competent person, emergency guardian of the person and estate of \_\_\_\_\_

incompetent, limited to the following:

consenting or withholding consent for medical treatment and personal care; authorizing hospitalization or other residential institutionalization.

\_\_\_\_\_.

The Court orders notice of the appointment of the emergency guardian be issued to the ward.

The Court orders Letters of Emergency Guardianship be issued to \_\_\_\_\_ as provided by law, for limited period from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probate Judge

# PROBATE COURT OF WARREN COUNTY, OHIO

IN THE MATTER OF \_\_\_\_\_

Case No. \_\_\_\_\_

## MOTION FOR 30 DAY EXTENSION

Now comes \_\_\_\_\_, attorney guardian of \_\_\_\_\_ and states that he/she was appointed emergency guardian of \_\_\_\_\_ on \_\_\_\_\_. Applicant further states that the need for the guardian still exists and therefore requests that the guardianship be continued for thirty (30) days.

\_\_\_\_\_  
Attorney/Guardian

## ENTRY

Upon the application of \_\_\_\_\_, the Court finds that it would be in the best interest of the ward that the guardianship be continued. Therefore, the Court orders that the guardianship of \_\_\_\_\_ be extended for an additional thirty (30) days and new letters of guardianship be issued to \_\_\_\_\_ for the limited purpose of:

consenting or withholding consent for medical treatment and personal care; authorizing hospitalization or other residential institutionalization.

\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Probate Judge



# PROBATE COURT OF WARREN COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF \_\_\_\_\_

Case No. \_\_\_\_\_ Docket \_\_\_\_\_ Page \_\_\_\_\_

## NOTICE TO PROSPECTIVE WARD OF APPLICATION AND HEARING ON EMERGENCY APPOINTMENT

To \_\_\_\_\_

Address \_\_\_\_\_

An application to extend the appointment of the emergency guardian as (limited) guardian for your (person and estate) has been filed with the Probate Court.

A hearing on that application will be held on \_\_\_\_\_

\_\_\_\_\_, at \_\_\_\_\_ .m. o'clock at 900 Memorial Drive, Lebanon, Ohio (Warren County Probate Court). At that hearing, Applicant must prove by clear and convincing evidence that, because of mental impairment, you are unable to handle your own affairs.

- 1. You have the right to be present at the hearing to consent the application, and to be represented by an attorney of your choice;**
- 2. The right to have a friend or family member of your choice present at the hearing;**
- 3. The right to have evidence of an independent expert evaluation introduced at the hearing;**
- 4. If you are indigent, upon your request, an attorney and an independent expert evaluator will be appointed at court expense;**
- 5. If you are indigent, and you appeal the guardianship decision, you have the right to have an attorney appointed and necessary transcripts prepared at court expense.**

Witness my signature and the seal of the Court,

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Probate Judge

\_\_\_\_\_  
by \_\_\_\_\_  
Deputy Clerk

# PROBATE COURT OF WARREN COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

## 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 mental or physical illness or disability, or intellectual disability, or as a result of chronic substance abuse, that the person is incapable of taking proper care of the person's self or property or fails to provide for the person's family or other persons for whom the person is charged by law to provide, or any person confined to a correctional institution within this State."

The Statement of Evaluation does not declare that 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 Expert Evaluation is to be filed with or attached to:

- A. Guardianship Application: Completed by \_\_\_\_\_ Licensed Physician or \_\_\_\_\_ Licensed Clinical Psychologist prior to filing and attached to the application.
- B. Guardian's Report: Completed by \_\_\_\_\_ Licensed Physician \_\_\_\_\_ Licensed Clinical Psychologist  
\_\_\_\_\_ Licensed Independent Social Worker \_\_\_\_\_ Licensed Professional Clinical Counselor or  
\_\_\_\_\_ Intellectual Disability 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 a 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: \_\_\_\_\_

CASE NO. \_\_\_\_\_

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, indicate the diagnosis below:

Intellectual Disability/Developmental Disabilities:

Profound

Severe

Moderate

Mild

Mental Illness: Type and Severity \_\_\_\_\_

Substance Abuse: Description \_\_\_\_\_

Dementia: 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	Yes	No	Unknown
b. Speech	Yes	No	Unknown
c. Motor Behavior	Yes	No	Unknown
d. Thought Process	Yes	No	Unknown
e. Affect	Yes	No	Unknown
f. Memory	Yes	No	Unknown
g. Concentration and comprehension	Yes	No	Unknown
h. Judgment	Yes	No	Unknown

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





# PROBATE COURT OF WARREN COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

## SUPPLEMENT FOR EMERGENCY GUARDIAN OF PERSON

[R.C. 2111.49]

This Supplement must be completed when there is a request for Emergency Guardianship. The following questions must be answered with specificity and item 1.C, page 1 of the Statement of Expert Evaluation, Form 17.1 must be checked.

A. Does the individual have a durable health care power of attorney? \_\_\_\_\_ If yes, why is it not being honored?

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

B. Exact nature of emergency: \_\_\_\_\_

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

C. Length of time emergency has existed, and why? \_\_\_\_\_

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

D. Specific action required to prevent significant injury to the person: \_\_\_\_\_

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

E. Ability of the alleged Incompetent to receive notice and give consent: \_\_\_\_\_

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

F. Medical prognosis in detail if immediate action, within 24 hours, is not taken: \_\_\_\_\_

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

G. Additional statements regarding condition, family, support service, etc: \_\_\_\_\_

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

Note: Any above answers may be supplemented by attachments.

\_\_\_\_\_  
Date and Time of Evaluation

\_\_\_\_\_  
Licensed Physician

\_\_\_\_\_  
Date of Report