

**PROBATE COURT OF MONTGOMERY COUNTY, OHIO**  
**ALICE O. McCOLLUM, JUDGE**

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

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

**APPLICATION FOR APPOINTMENT OF GUARDIAN  
OF ALLEGED INCOMPETENT**  
[R.C. 2111.03]

Applicant 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)) \_\_\_\_\_  
\_\_\_\_\_.

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  the 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.)

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

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number (include area code)

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

\_\_\_\_\_  
Attorney Registration Number

\_\_\_\_\_  
Phone number (include area code)