

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

GUARDIANSHIP OF _____

CASE NO. _____

**APPLICANT'S REPORT ON ALLEGED WARD'S INFORMATION AND APPLICANT'S
INFORMATION**

This information sheet is to be completed by the person applying to be appointed as the guardian and refers to the information concerning the person who is alleged to be incompetent and in need of a guardian. The applicant should answer the information to the best of their knowledge. If the applicant does not have the information requested, the applicant should make a reasonable effort to obtain such information.

I. Mental and Physical Conditions of Alleged Ward

A. Alleged Ward's reported mental and physical diagnosis:

Alleged Ward's reported medications: _____

Reported by: _____

B. Describe the Physical Condition of the Alleged Ward

1. Isolation: _____
2. Eating Habit: _____
3. Significant Weight Loss or Gain: _____
4. Sleep Habits: _____
5. Motor Behavior: _____
6. Explain Further if Necessary: _____

C. Describe the Environmental or Living Condition of the Individual

1. Housing & Sanitation: _____
2. Risk of Accidents: _____
3. Physical Barriers: _____
4. Resource Availability: _____

II. Functional Capabilities

Activities and Instrumental Activities of Daily Living:

	Capable	Incapable	Unable to Determine
1. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Transfer from Bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Personal Finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Doing Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Using Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Taking Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain further if necessary: _____

III. Additional Items Affecting Guardianship Plan Development

A. Are there any indications or allegations of substance abuse by the individual or significant other that could impact the guardianship?

Yes No

Explain and recommend actions needed: _____

B. Are there any special characteristics of the individual (including aggressive, violent, or sexual behaviors or other vulnerabilities) that pose a risk to self or others, which should be considered as guardianship decisions on living arrangements and supervision are made?

Yes No

C. Are there any allegations or indications of abuse, neglect, or exploitation of the individual?

Yes No

D. Is there a need for additional medical, psychiatric, or psychological testing?

Yes

No

E. Are there unresolved issues/conflicts/differences among the parties?

Yes

No

F. Is there a power of attorney for financial affairs:

Yes

No

If Yes, where is it located:

G. Is there a last will and testament:

Yes

No

If Yes, where is it located:

H. Is there a durable power of attorney for health care/living will?

Yes

No

If Yes, where is it located:

If Yes, give name and address of attorney in fact:

I. Is there an advance directive for mental health care?

Yes

No

If Yes, where is it located:

If Yes, give name and address of attorney in fact:

J. Is the individual a veteran?

Yes

No

Applicant