

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

GUARDIANSHIP OF: _____

CASE NO.: _____

ANNUAL GUARDIANSHIP PLAN
[SUP.R.66.08(G)]

INSTRUCTIONS: If you are the guardian of the person only, fill out **Sections I and II** and sign on the Guardian's Signature blank.

If you are the guardian of the estate only, fill out **Sections I and III** and sign on the Guardian's Signature blank.

If you are the guardian of the person and estate, fill out **Sections I, II, and III** and sign on the Guardian's Signature blank.

SECTION I. WARD'S INFORMATION

A. Date of Birth

The ward was born on: _____
MM/DD/YYYY

B. Medical Conditions

The ward has been diagnosed with the following medical conditions:

- Dementia
- Developmental disabilities
- Mental illness
- Substance abuse
- Traumatic brain injury
- Other: _____

C. Functional Abilities

Rate the ward's ability to perform the following tasks:

	No assistance needed	Some assistance needed	Maximum assistance needed
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III WARD'S FINANCIAL NEEDS

A. Value of Estate

The value of the ward's estate is:

Total value of personal property	\$ _____
Total value of real property	\$ _____
Annual rent on real property	\$ _____
Other annual income	\$ _____
Total	\$ _____

B. Goals

I plan to do the following to ensure that the ward's financial needs are met during the **next** year:

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true, to the best of my knowledge and belief.

Date

Guardian's Signature

Guardian's Printed Name