

**PROBATE COURT OF MONTGOMERY COUNTY, OHIO**  
**DAVID D. BRANNON, JUDGE**

**CONSERVATORSHIP OF:** \_\_\_\_\_

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

**APPLICATION FOR APPOINTMENT OF CONSERVATOR**  
**[R.C. 2111.021]**

I, \_\_\_\_\_, Petitioner, hereby state that I am a competent adult but am physically infirm. I request that:

1. Name of Proposed Conservator \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ Ohio (Zip) \_\_\_\_\_ Telephone \_\_\_\_\_

be appointed conservator of my:

- Person and Estate       Person Only       Estate Only

2. The length (time period) of the conservatorship is:

- Indefinite       Definite – to \_\_\_\_\_

3. (If "Person Only" or "Person and Estate" is checked), I give the following power over my PERSON to the:

a. Conservator:

- (1) All powers that a guardian would have under the guardianship laws of Ohio.  
 (2) Limited to the power to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Court:

- (1) All powers that a Court would have under the guardianship laws of Ohio.  
 (2) Limited to the power to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. (If "Estate Only" or "Person and Estate" is checked), I give the following power over my ESTATE to the:

a. Conservator:

- (1) All powers that a guardian would have under the guardianship laws of Ohio.  
 (2) Limited to the power to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Court:

- (1) All powers that a Court would have under the guardianship laws of Ohio.
- (2) Limited to the power to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. The following of my property is subject to the foregoing powers:

- (1) All property (attach description of property)
- (2) Only the property listed as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. If the application is for a conservatorship of the estate:

a. The estate to be placed under conservatorship is:

Personal Property	\$ _____
Real Property	\$ _____
Annual Rents	\$ _____
Other Annual Income	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

b. A bond in the amount of \$ \_\_\_\_\_ is attached.  
 (R.C. 2109.04(A)(1))(Form 15.3)

6. Service of notice of the conservatorship is to be given to:

- None       Same as Guardianship       As Listed on Form 15.0

Based on the foregoing information, I do hereby petition the Court to appoint a Conservator for myself, and do so freely and of my own will. I certify that all information and statements contained in this application and the attached exhibits are correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Attorney's Printed Name

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

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

\_\_\_\_\_  
Applicant's Email Address

**PROBATE COURT OF MONTGOMERY COUNTY, OHIO  
DAVID D. BRANNON, JUDGE**

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

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

**NEXT OF KIN OF PROPOSED WARD  
[R.C. 2111.04]**

(NOTE: Specify the 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. <input type="checkbox"/>	Name _____	_____
	Address _____	Zip _____
2. <input type="checkbox"/>	Name _____	_____
	Address _____	Zip _____
3. <input type="checkbox"/>	Name _____	_____
	Address _____	Zip _____
4. <input type="checkbox"/>	Name _____	_____
	Address _____	Zip _____
5. <input type="checkbox"/>	Name _____	_____
	Address _____	Zip _____
6. <input type="checkbox"/>	Name _____	_____
	Address _____	Zip _____
7. <input type="checkbox"/>	Name _____	_____
	Address _____	Zip _____
8. <input type="checkbox"/>	Name _____	_____
	Address _____	Zip _____
9. <input type="checkbox"/>	Name _____	_____
	Address _____	Zip _____
10. <input type="checkbox"/>	Name _____	_____
	Address _____	Zip _____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature