

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

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

[R.C. 2111.02]

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)) _____ .

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 he/she/they is/are not an administrator, executor or other fiduciary of the estate wherein the alleged incompetent is interested.

Applicant 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: _____
Name of Facility/Hospital

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 _____

The time period requested is from _____ to _____ .

Applicant's relationship to alleged incompetent is _____ .

Case No. _____

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 1

Type or Print name

Type or Print name

Address

Age

City, State, Zip Code

Address

Phone number (include area code)

City, State, Zip Code

Supreme Court Registration Number

Phone number (include area code)

Applicant 2

Type or Print name

Age

Address

City, State, Zip Code

Phone number (include area code)

KNOWINGLY GIVING FALSE INFORMATION ON A PROBATE DOCUMENT IS A CRIMINAL OFFENSE.
[R.C. 2921.13 (A)(11)]

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

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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. <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

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

CASE NO. _____

STATEMENT OF EXPERT EVALUATION

[Sup. R. 66 & R.C. 2111.49]

Definition of Incompetent [O.R.C. 2111.01(D)]: "Incompetent" means any person who is so mentally impaired as a result of a mental or physical illness or disability, or mental retardation, 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 penal institution within this State."

The Statement of Evaluation does not declare the 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 Court. Each evaluator should secure payment from the Applicant/Guardian.

1. This Statement of Evaluation is to be filed with or attached to:

- A. Guardianship Application:** Completed by Licensed Physician or Licensed Clinical Psychologist prior to the 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 Mental Retardation 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 the 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: _____

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:

Mental Retardation/Developmental Disabilities:

Profound Severe Moderate Mild

Mental Illness: Type and Severity _____

Substance Abuse: Description _____

Dementia: Description _____

Other: Description _____

Please provide additional comments and test scores if available. (Continue comments on page 4):

6. During the examination did you note 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 impairments identified in question six. (Continue comments on page 4)

8. Is the individual physically impaired? Yes No If yes: Description

9. Are there any special characteristics of the individual which should be considered in evaluating the individual for guardianship: Yes No If yes: Explain

10. Are there any indications of abuse, neglect or exploitation of the individual? Yes No If yes: Explain

11. Do you believe the individual is capable of caring for the individual's activities of daily living or making decisions concerning medical treatments, living arrangements and diet? Yes No If no: Explain:

12. Do you believe this individual is capable of managing the individual's finances and property?
 Yes No If no: Explain:

13. Prognosis:
A. Is the condition stabilized? Yes No
B. Is the condition reversible? Yes No

14. In my opinion a guardianship should be:
 Established/Continued
 Denied/Terminated

I certify that I have evaluated the individual on _____, _____.

Date

Signature of Evaluator

GUARDIAN'S REPORT ADDENDUM	
(Not to be used with initial Application)	
It is my opinion, based upon a reasonable degree of medical or psychological certainty, that the mental capacity of this ward will not improve.	
Date _____	_____ Signature - Licensed Physician/Clinical Psychologist

PROBATE COURT OF BUTLER 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 services, etc:

Note: Any above answers may be supplemented by attachments.

Date and Time of Evaluation

Signature - Licensed Physician

Date of Report

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

FIDUCIARY'S ACCEPTANCE

GUARDIAN

[R.C. 2111.14]

I, the undersigned, hereby accept the duties which are required of me by law, and such additional duties as are ordered by the Court having jurisdiction.

AS GUARDIAN OF THE ESTATE, I WILL:

1. Make and file an inventory of the real and personal estate of the ward within 3 months after my appointment.
2. Deposit funds which come into my hands in a lawful depository located within this state.
3. Invest surplus funds in a lawful manner.
4. Make and file an account biennially, or as directed by the Court.
5. File a final account within 30 days after the guardianship is terminated.
6. Inventory any safe deposit box of the ward.
7. Preserve any and all Wills of the ward as directed by the Court.
8. Expend funds only upon written approval of the Court.
9. Make and file a guardian's report biennially, or as directed by the Court.

AS GUARDIAN OF THE PERSON, I WILL:

1. Protect and control the person of my ward, and make all decisions for the ward based upon the best interest of the ward.
2. Provide suitable maintenance for my ward when necessary.
3. Provide such maintenance and education for my ward as the amount of his estate justifies if the ward is a minor and has no father or mother, or has a father or mother who fails to maintain or educate him/her.
4. Make and file a guardian's report biennially, or as directed by the Court.
5. Obey all orders and judgments of the Court pertaining to the guardianship.
6. Obtain written approval of the Court before executing a caretaker power of attorney authorized by R.C. 3109.52

If I change my address or the ward's address, I shall immediately notify Probate Court in writing.

I acknowledge that I am subject to removal as such fiduciary if I fail to perform such duties. I also acknowledge that I am subject to possible penalties for improper conversion of the property which I hold as such fiduciary.

Date

Fiduciary

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

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

Upon hearing the application 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 himself herself and his her property, and that an emergency guardianship is necessary.

The Court further finds that notice of the hearing thereon cannot be given because of the emergency existing; that the incompetent is a resident of this county or has legal settlement herein; and that this Court has jurisdiction.

The Court therefore appoints _____, a suitable and competent person, emergency guardian of the person and estate of _____ incompetent, limited to the following:

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 the limited period from _____ to _____.

Date

Probate Judge

(Seal)

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

LETTERS OF GUARDIANSHIP

[R.C. 2111.02]

_____ 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 _____

Those guardianship powers, until revoked, are for an:

___ Indefinite time period

___ Definite time period to _____

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.

(SEAL)

Probate Judge

by _____
Deputy Clerk

Date

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

NOTICE
[72 HOUR]

TO: _____

On the _____ day of _____, _____, the Court appointed an emergency guardian for the above named ward. Said guardian _____ has powers limited to

_____.

This guardianship is limited to 72 hours beginning _____, _____, unless extended by the Court.

JOHN M. HOLCOMB, JUDGE

By: _____
Deputy Clerk

RETURN

The above notice was served on _____ and _____ on the _____ day of _____, _____.

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Case No. _____

MOTION FOR 30 DAY EXTENSION

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

Attorney for Applicant

Type or Print name

Address

City, State, Zip Code

Phone number (include area code)

Supreme Court Registration Number

Guardian Name

Type or Print name

Address

City, State, Zip Code

Phone number (include area code)

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

PRECIPE

Please issue _____ in the above case to the following persons:

Name

Name

Address

Address

City, State, Zip

City, State, Zip

Name

Name

Address

Address

City, State, Zip

City, State, Zip

Service is to be issued by: Certified Mail
 Ordinary Mail
 Personal

This matter is scheduled for hearing on _____, at _____

Attorney

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Case No. _____

ENTRY GRANTING 30 DAY EXTENSION

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

Probate Judge

Attorney for Applicant

Attorney Registration No. _____

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

LETTERS OF GUARDIANSHIP

[R.C. 2111.02]

_____ 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 _____

Those guardianship powers, until revoked, are for an:

___ Indefinite time period

___ Definite time period to _____

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.

(SEAL)

Probate Judge

by _____
Deputy Clerk

Date

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

NOTICE
[30 DAY]

TO: _____

On the _____ day of _____, _____, the Court appointed an emergency guardian for the above named ward. Said guardian's powers were limited to a period of 72 hours which began the _____ day of _____, _____. The Court having been advised does hereby finds that _____ is still in need of a guardian and therefore continues said guardianship for 30 days.

JOHN M. HOLCOMB, JUDGE

By: _____
Deputy Clerk

RETURN

The above notice was served on _____ and _____ on the _____ day of _____, _____.

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Case No. _____

AFFIDAVIT OF SUPERVISOR/ADMINISTRATOR

Affiant being first duly sworn, deposes and says:

In accordance with the order of this Court dated _____,
the above named ward was _____
(Action Taken Regards the Ward)

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

Notary Public

1. The affidavit must be signed by a supervisor/administrator of a rest home or facility (if ward was admitted to same), doctor or medical provider (if ward was hospitalized, medicated or surgical procedures performed), etc.
2. This form must be **RETURNED** to the Butler County Probate Court **NO LATER THAN FIVE (5) DAYS** after the expiration of the 72 hour order.