**MEDINA COUNTY PROBATE COURT**
**MINOR GUARDIANSHIP GENERAL INSTRUCTIONS**

**COST DEPOSIT** (effective 2.24.2023)

$220 | Person Only $275 | Person and Estate $260 | Estate Only

**INITIAL FORMS TO BE SUBMITTED**

- Application for Appointment of Guardian of Minor (Form 16.0)
- Notice of Jurisdictional Requirement
- Addendum to Application for Appointment of Guardian (Form 16.0A) along with
  - A **recent** certified copy (**within the past year**) of Minor's Birth Certificate
  - If applicable, a copy of Custody Order &/or Child Support Order
- Next of Kin of Proposed Ward (Form 15.0)
  - If a parent is deceased, attach a copy of his/her death certificate and list the name(s)/address(es) of that deceased parent's relatives that live in Ohio and include the specific relationship to the minor
  - If an address that is required to be reported is unknown, see Clerk for Affidavit of Unknown Address. Note: this form is to be signed in the presence of a notary public
- Waiver of Notice and Consent (Form 15.1)
- Parenting Proceeding Affidavit
  - Note: this form is to be signed in the presence of a notary public
- Fiduciary's Acceptance Guardian (Form 15.2)
- Background Check Results (procedure included with this packet)
- If applicable, Selection of Guardianship by Minor Over Fourteen Years of Age (Form 16.2)
- Self Representation Acknowledgment

Forms must be filled out **legibly** and **completely**. Typed information is preferred. Do not leave any lines blank; if a question does not apply, please indicate "not applicable." Sign and date where required. Completed forms and cost deposit may be filed in person or by mail.

After forms are filed, a hearing will be set. The Court will notify interested parties of the hearing date by mail. However, minors 14 years and older must appear in Probate Court to be served notice of proceedings by personal service at least seven days prior to the hearing. Said minors must attend hearing. If applicable, the Court will also notify the school district in which the applicant resides to allow an opportunity for its input. NOTE: The Court will not establish a guardianship for school purposes only (Medina Probate Local Rule 66.1(B)).

Medina County Probate Clerks are prohibited by law from providing legal advice.

Please consult with an attorney if there are questions as to how to complete the forms.

# PROBATE COURT OF MEDINA COUNTY, OHIO

**IN THE MATTER OF THE EMERGENCY GUARDIANSHIP OF:**

_____ **Case No.**

## APPLICATION FOR APPOINTMENT OF EMERGENCY GUARDIAN

(This Application must be accompanied by a Statement of Expert Evaluation.)

Proposed Ward _____

Address _____

Present Location _____ How Long _____

Age _____ Date of Birth _____ SSN _____

Applicant (Name, Relation, Address, Telephone Number):

Next of Kin (Name, Relation, Address, Telephone Number):

Nature of Emergency:

Mental Impairment of Basis of Incompetency:

| | |
|---|---|
| Signature of Attorney for Applicant | Signature of Applicant |
| Typed or printed name | Typed or printed name |
| Address | Address |
| City State Zip | City State Zip |
| Phone number (include area code) | Phone number (include area code) |
| Supreme Court Registration Number | |

Print Form

**MEDINA COUNTY PROBATE COURT, MEDINA COUNTY, OHIO**

**Judge Kevin W. Dunn**

In the Matter of the GUARDIANSHIP of: _____

Case No. _____

## Notice of Jurisdictional Requirement

When there has been a divorce or a Court proceeding in a Juvenile Court or any proceeding filed in any other court involving the minor for whom a guardianship is sought, the Applicant must prove that this Court has jurisdiction to issue a guardianship Order.

It is the Applicant's burden to prove to this Court that it has jurisdiction to hear the guardianship of the minor child herein.

If the Applicant is unable to prove that this Court has jurisdiction to hear the case, he or she will lose all or part of the deposited filing fee and the guardianship action will be dismissed. Should you need legal advice, it is suggested that you consult an attorney.

By signing below, I acknowledge that I have read and understand the above.

_____
Applicant

_____
Date

**PROBATE COURT OF MEDINA COUNTY, OHIO**

**GUARDIANSHIP OF: _____, A MINOR**

**CASE NO.**

# ADDENDUM TO APPLICATION FOR APPOINTMENT OF GUARDIAN OF A MINOR

(Attach to Application for Appointment of Guardian of Minor, Form 16.0)

1. Copy of Minor's Birth Certificate filed herein? ☐ Yes ☐ No
2. Birth Parents Married at time of birth? ☐ Yes ☐ No
3. Birth Parents Divorced? ☐ Yes ☐ No
4. Paternity Established? ☐ Yes ☐ No
5. Biological Father's Name: _____
6. Name of Custodial Parent/Person: _____

   **ATTACH A COPY OF CUSTODY ORDER**
7. Has any Child Support been Court ordered? ☐ Yes ☐ No

   If yes, specify amount: $ _____ **ATTACH A COPY OF SUPPORT ORDER**

   Who is receiving monies? _____
8. Is child receiving Social Security Benefits? ☐ Yes ☐ No

   If yes, specify amount: $ _____
9. How long has minor been living with applicant? _____
10. Is any Juvenile Court involved? ☐ Yes ☐ No

    If yes, please explain:

11. Has the minor previously had a guardian? ☐ Yes ☐ No

    If yes, reasons for termination:

12. If applicant is not a family member, why isn't a family member making application?

13. Ward's Condition:

    List any health issues:

    List any educational concerns:

Applicant Signature _____ Date _____

**IN THE COURT OF COMMON PLEAS**
**PROBATE DIVISION**
**MEDINA COUNTY, OHIO**

GUARDIANSHIP OF _____

CASE NO. _____ JUDGE **KEVIN W. DUNN**

MAGISTRATE _____

**Instructions:** Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

## PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

**Affidavit of** _____
(Print Name)

**ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.**

☐ Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

**1. (Number): _____ Minor child(ren) is/are subject to this case as follows:**

Insert the information requested below for all minor or dependent children of the parties. You must list the residences for all places where the children have lived for the last **FIVE** years.

| **a. Child's name** _____ | | **Place of birth** _____ | **Date of birth** _____ | **Sex ☐ M ☐ F** |
|---|---|---|---|---|
| Date of residence | Address Confidential | Person child lived with (name and address) | | Relationship |
| _____ to present | ☐ | _____ _____ | | _____ |
| _____ to _____ | ☐ | _____ _____ | | _____ |

| | | | |
|---|---|---|---|
| _____ to _____ | ☐ | _____ _____ | _____ |
| _____ to _____ | ☐ | _____ _____ | _____ |

| **b. Child's name** _____ | **Place of birth** _____ | **Date of birth** _____ | **Sex ☐ M ☐ F** |
|---|---|---|---|

☐ Check this box if the information below is the same as in Section 1(a). Skip to the next question.

| Date of residence | Address Confidential | Person child lived with (name and address) | Relationship |
|---|---|---|---|
| _____ to present | ☐ | _____ _____ | _____ |
| _____ to _____ | ☐ | _____ _____ | _____ |
| _____ to _____ | ☐ | _____ _____ | _____ |
| _____ to _____ | ☐ | _____ _____ | _____ |

| **c. Child's name** _____ | **Place of birth** _____ | **Date of birth** _____ | **Sex ☐ M ☐ F** |
|---|---|---|---|

☐ Check this box if the information below is the same as in Section 1(a). Skip to the next question.

| Date of residence | Address Confidential | Person child lived with (name and address) | Relationship |
|---|---|---|---|
| _____ to present | ☐ | _____ _____ | _____ |
| _____ to _____ | ☐ | _____ _____ | _____ |
| _____ to _____ | ☐ | _____ _____ | _____ |
| _____ to _____ | ☐ | _____ _____ | _____ |

d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

**2**. **Participation in custody case(s): (*Check only one box*)**

☐ I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.

☐ I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.

*Explain*: _____

_____

a. Name of each child: _____

b. Type of case: _____

c. Court and State: _____

d. Date and court order or judgment (if any): _____

**3**. **Information** about custody case(s): **(*Check only one box*)**

☐ I **HAVE NO INFORMATION** of any cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning any child subject to this case.

☐ I **HAVE THE FOLLOWING INFORMATION** concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning a child subject to this case, other than listed in Paragraph 2.

*Explain*: _____

_____

a. Name of each child: _____

b. Type of case: _____

c. Court and State: _____

d. Date and court order or judgment (if any): _____

**4**. **Information about criminal convictions:**

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

| NAME | CASE NUMBER | COURT/COUNTY/STATE | CHARGE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**5. Persons not a party to this case: (*Check only one box*)**

☐ I **DO NOT KNOW OF ANY PERSON** not a party to this case who has physical custody **or** claims to have custody or visitation rights with respect to any child subject to this case.

☐ I **KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

a. Name/Address of Person: _____
☐ has physical custody ☐ claims custody rights ☐ claims visitation rights
Name of each child: _____

b. Name/Address of Person: _____
☐ has physical custody ☐ claims custody rights ☐ claims visitation rights
Name of each child: _____

c. Name/Address of Person: _____
☐ has physical custody ☐ claims custody rights ☐ claims visitation rights
Name of each child: _____

6. **I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.**

**OATH OR AFFIRMATION**
(*Do not sign until Notary Public is present*)

I, (print name)_____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

_____
Your Signature

**STATE OF _____ )**
**) SS**
**COUNTY OF _____ )**

Sworn to or affirmed before me by _____this _____day of _____,_____.

_____
Signature of Notary Public

_____
Printed Name of Notary Public

Commission Expiration Date: _____

(Affix seal here)

## PROBATE COURT OF MEDINA COUNTY, OHIO

**IN THE MATTER OF THE 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 the estate justifies if the ward is a minor and has no parents, or has a parent who fails to maintain and educate the ward.
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 the 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

PRINT



SCO-CLC-PBT 0015.2 (Rev. 10/2022) Previous Editions Obsolete

# PROBATE COURT OF MEDINA COUNTY, OHIO

**Kevin W. Dunn, Judge**

**IN THE MATTER OF:** _____

**Case No.** _____

## SELF-REPRESENTATION ACKNOWLEDGEMENT

I acknowledge that I have read, understand and agree with all of the following statements:

1. The Court strongly recommended that I hire an attorney to represent me in this case. Contrary to the Court's recommendation, I have chosen to proceed with this case on my own without the assistance of an attorney.
2. I have the time, knowledge and ability to handle all aspects of this case correctly without assistance from the Court or any other person.
3. The Court and its Deputy Clerks are prohibited by law from assisting me with any aspect of this case, including without limitation determining what forms I am required to file and how to complete those forms.
4. The Court and its Deputy Clerks cannot provide me with any information regarding how to properly handle this case beyond the information on the Court's website: www.MedinaProbate.org.
5. I am responsible for understanding and correctly applying those portion of the Ohio Revised Code, Rules of Superintendence for the Courts of Ohio, Medina County Probate Court Local Rules of Practice, and all other rules, regulations, policies and case law that relate to this case.
6. The Court will hold me to the same standards that apply to attorneys and persons represented by attorneys in similar probate proceedings.
7. I have a duty to act fairly, honestly, impartially and in the mutual best interest of all persons or entities that may have an interest in this case. I also have a duty to not do anything in my self-interest that is detrimental or harmful to others.
8. I may be personally liable to any person or entity that suffers financial damages as a result of anything I do in this case that does not comply with the legal requirements that apply to this case.
9. If I violate anything in this Self-Representation Acknowledgement, the Court may terminate my authority to proceed further with this case, or may require that I must be represented by an attorney to continue with this case.

_____
Applicant Signature

_____
Typed or printed Name

_____
Address

_____ _____ _____
City State Zip

_____
Phone Number (include area code)

_____
E-mail Address

Medina County Common Pleas Court
**PROBATE DIVISION**
225 E. Washington St., 4th Floor, MEDINA, OHIO 44256
PHONE (330) 725-9703 FAX (330) 725-9119

# EMERGENCY GUARDIANSHIP OF A MINOR

1. The primary consideration when requesting an emergency guardianship is that that there is an **emergency** that will harm the ward within a twenty-four (24) hour period. Issues of concern to health care providers, schools or family members are not sufficient, in and of themselves, to warrant emergency measures. The nature of the harm to the ward must be **immediate** and **significant**. All available alternatives must be explored.

2. Upon the filing of an Application for Appointment of Emergency Guardianship the Court may appoint an emergency guardian when the ward needs imminent attention.

3. EMERGENCY GUARDIANSHIP SHOULD BE USED AS A LAST RESORT.

# PROBATE COURT OF MEDINA COUNTY, OHIO

**IN THE MATTER OF THE EMERGENCY GUARDIANSHIP OF:**

_____ **Case No.**

## APPLICATION FOR APPOINTMENT OF EMERGENCY GUARDIAN

(This Application must be accompanied by a Statement of Expert Evaluation.)

Proposed Ward _____

Address _____

Present Location _____ How Long _____

Age _____ Date of Birth _____ SSN _____

Applicant (Name, Relation, Address, Telephone Number):

Next of Kin (Name, Relation, Address, Telephone Number):

Nature of Emergency:

Mental Impairment of Basis of Incompetency:

| | |
|---|---|
| Signature of Attorney for Applicant | Signature of Applicant |
| Typed or printed name | Typed or printed name |
| Address | Address |
| City State Zip | City State Zip |
| Phone number (include area code) | Phone number (include area code) |
| Supreme Court Registration Number | |

Print Form

**MEDINA COUNTY PROBATE COURT, MEDINA COUNTY, OHIO**

**Judge Kevin W. Dunn**

In the Matter of the GUARDIANSHIP of: _____

Case No. _____

## Notice of Jurisdictional Requirement

When there has been a divorce or a Court proceeding in a Juvenile Court or any proceeding filed in any other court involving the minor for whom a guardianship is sought, the Applicant must prove that this Court has jurisdiction to issue a guardianship Order.

It is the Applicant's burden to prove to this Court that it has jurisdiction to hear the guardianship of the minor child herein.

If the Applicant is unable to prove that this Court has jurisdiction to hear the case, he or she will lose all or part of the deposited filing fee and the guardianship action will be dismissed. Should you need legal advice, it is suggested that you consult an attorney.

By signing below, I acknowledge that I have read and understand the above.

_____
Applicant

_____
Date

**PROBATE COURT OF MEDINA COUNTY, OHIO**

**GUARDIANSHIP OF: _____, A MINOR**

**CASE NO.**

# ADDENDUM TO APPLICATION FOR APPOINTMENT OF GUARDIAN OF A MINOR

(Attach to Application for Appointment of Guardian of Minor, Form 16.0)

1. Copy of Minor's Birth Certificate filed herein? ☐ Yes ☐ No
2. Birth Parents Married at time of birth? ☐ Yes ☐ No
3. Birth Parents Divorced? ☐ Yes ☐ No
4. Paternity Established? ☐ Yes ☐ No
5. Biological Father's Name: _____
6. Name of Custodial Parent/Person: _____

   **ATTACH A COPY OF CUSTODY ORDER**
7. Has any Child Support been Court ordered? ☐ Yes ☐ No

   If yes, specify amount: $ _____ **ATTACH A COPY OF SUPPORT ORDER**

   Who is receiving monies? _____
8. Is child receiving Social Security Benefits? ☐ Yes ☐ No

   If yes, specify amount: $ _____
9. How long has minor been living with applicant? _____
10. Is any Juvenile Court involved? ☐ Yes ☐ No

    If yes, please explain:

11. Has the minor previously had a guardian? ☐ Yes ☐ No

    If yes, reasons for termination:

12. If applicant is not a family member, why isn't a family member making application?

13. Ward's Condition:

    List any health issues:

    List any educational concerns:

Applicant Signature _____ Date _____

**IN THE COURT OF COMMON PLEAS**
**PROBATE DIVISION**
**MEDINA COUNTY, OHIO**

GUARDIANSHIP OF _____

CASE NO. _____ JUDGE **KEVIN W. DUNN**

MAGISTRATE _____

**Instructions:** Check local court rules to determine when this form must be filed. By law, this affidavit must be filed and served with any Complaint, Petition or Motion regarding the allocation of parental rights and responsibilities, parenting time, custody, or visitation. Each party has a continuing duty while this case is pending to inform the Court of any parenting proceeding concerning the child(ren) in any other court in this or any other state. **If more space is needed, add additional pages.**

## PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

**Affidavit of** _____
(Print Name)

**ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.**

☐ Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

**1. (Number): _____ Minor child(ren) is/are subject to this case as follows:**

Insert the information requested below for all minor or dependent children of the parties. You must list the residences for all places where the children have lived for the last **FIVE** years.

| **a. Child's name** _____ | | **Place of birth** _____ | **Date of birth** _____ | **Sex ☐ M ☐ F** |
|---|---|---|---|---|
| Date of residence | Address Confidential | Person child lived with (name and address) | | Relationship |
| _____ to present | ☐ | _____ _____ | | _____ |
| _____ to _____ | ☐ | _____ _____ | | _____ |

| | | | |
|---|---|---|---|
| _____ to _____ | ☐ | _____ _____ | _____ |
| _____ to _____ | ☐ | _____ _____ | _____ |

| **b. Child's name** _____ | **Place of birth** _____ | **Date of birth** _____ | **Sex ☐ M ☐ F** |
|---|---|---|---|

☐ Check this box if the information below is the same as in Section 1(a). Skip to the next question.

| Date of residence | Address Confidential | Person child lived with (name and address) | Relationship |
|---|---|---|---|
| _____ to present | ☐ | _____ _____ | _____ |
| _____ to _____ | ☐ | _____ _____ | _____ |
| _____ to _____ | ☐ | _____ _____ | _____ |
| _____ to _____ | ☐ | _____ _____ | _____ |

| **c. Child's name** _____ | **Place of birth** _____ | **Date of birth** _____ | **Sex ☐ M ☐ F** |
|---|---|---|---|

☐ Check this box if the information below is the same as in Section 1(a). Skip to the next question.

| Date of residence | Address Confidential | Person child lived with (name and address) | Relationship |
|---|---|---|---|
| _____ to present | ☐ | _____ _____ | _____ |
| _____ to _____ | ☐ | _____ _____ | _____ |
| _____ to _____ | ☐ | _____ _____ | _____ |
| _____ to _____ | ☐ | _____ _____ | _____ |

d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

**2**. **Participation in custody case(s): (*Check only one box*)**

☐ I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.

☐ I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.

*Explain*: _____

_____

a. Name of each child: _____

b. Type of case: _____

c. Court and State: _____

d. Date and court order or judgment (if any): _____

**3**. **Information** about custody case(s): **(*Check only one box*)**

☐ I **HAVE NO INFORMATION** of any cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning any child subject to this case.

☐ I **HAVE THE FOLLOWING INFORMATION** concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning a child subject to this case, other than listed in Paragraph 2.

*Explain*: _____

_____

a. Name of each child: _____

b. Type of case: _____

c. Court and State: _____

d. Date and court order or judgment (if any): _____

**4**. **Information about criminal convictions:**

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

| NAME | CASE NUMBER | COURT/COUNTY/STATE | CHARGE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**5. Persons not a party to this case: (*Check only one box*)**

☐ I **DO NOT KNOW OF ANY PERSON** not a party to this case who has physical custody **or** claims to have custody or visitation rights with respect to any child subject to this case.

☐ I **KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

a. Name/Address of Person: _____
☐ has physical custody ☐ claims custody rights ☐ claims visitation rights
Name of each child: _____

b. Name/Address of Person: _____
☐ has physical custody ☐ claims custody rights ☐ claims visitation rights
Name of each child: _____

c. Name/Address of Person: _____
☐ has physical custody ☐ claims custody rights ☐ claims visitation rights
Name of each child: _____

6. **I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.**

**OATH OR AFFIRMATION**
(*Do not sign until Notary Public is present*)

I, (print name)_____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

_____
Your Signature

**STATE OF _____ )**
**) SS**
**COUNTY OF _____ )**

Sworn to or affirmed before me by _____this _____day of _____,_____.

_____
Signature of Notary Public

_____
Printed Name of Notary Public

Commission Expiration Date: _____

(Affix seal here)

## PROBATE COURT OF MEDINA COUNTY, OHIO

**IN THE MATTER OF THE 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 the estate justifies if the ward is a minor and has no parents, or has a parent who fails to maintain and educate the ward.
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 the 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

PRINT



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# PROBATE COURT OF MEDINA COUNTY, OHIO

**Kevin W. Dunn, Judge**

**IN THE MATTER OF:** _____

**Case No.** _____

## SELF-REPRESENTATION ACKNOWLEDGEMENT

I acknowledge that I have read, understand and agree with all of the following statements:

1. The Court strongly recommended that I hire an attorney to represent me in this case. Contrary to the Court's recommendation, I have chosen to proceed with this case on my own without the assistance of an attorney.
2. I have the time, knowledge and ability to handle all aspects of this case correctly without assistance from the Court or any other person.
3. The Court and its Deputy Clerks are prohibited by law from assisting me with any aspect of this case, including without limitation determining what forms I am required to file and how to complete those forms.
4. The Court and its Deputy Clerks cannot provide me with any information regarding how to properly handle this case beyond the information on the Court's website: www.MedinaProbate.org.
5. I am responsible for understanding and correctly applying those portion of the Ohio Revised Code, Rules of Superintendence for the Courts of Ohio, Medina County Probate Court Local Rules of Practice, and all other rules, regulations, policies and case law that relate to this case.
6. The Court will hold me to the same standards that apply to attorneys and persons represented by attorneys in similar probate proceedings.
7. I have a duty to act fairly, honestly, impartially and in the mutual best interest of all persons or entities that may have an interest in this case. I also have a duty to not do anything in my self-interest that is detrimental or harmful to others.
8. I may be personally liable to any person or entity that suffers financial damages as a result of anything I do in this case that does not comply with the legal requirements that apply to this case.
9. If I violate anything in this Self-Representation Acknowledgement, the Court may terminate my authority to proceed further with this case, or may require that I must be represented by an attorney to continue with this case.

_____
Applicant Signature

_____
Typed or printed Name

_____
Address

_____ _____ _____
City State Zip

_____
Phone Number (include area code)

_____
E-mail Address