

## **COURT PROCEDURE FOR FILING INCOMPETENT GUARDIANSHIP**

**The Application for Appointment of Guardian must be filed with the Probate Court in the county where the alleged incompetent resides or has a legal settlement at the time of the application.**

1. The following initial paperwork must be filed when opening a case:
  - a. 17.0 Application for Appointment of Guardian (all income and property of the proposed ward must be listed, including: social security, pensions, income from employment etc. if filing for guardian of the estate).
  - b. Supplement to Application For Guardianship of Incompetent
  - c. 15.0 Next of Kin of Proposed Ward
  - d. 15.1 Waiver of Notice and Consent (if applicable)
  - e. 15.2 Fiduciary's Acceptance Guardian
  - f. Background Check Results (procedure included with this packet)
  - g. 17.1 Statement of Expert Evaluation
  - h. 66.05 Affidavit of Applicant/Guardian
  - i. Self Representation Acknowledgement
  - j. Payment for court costs (\$330)
  - k. Copies of ANY and ALL POWERS OF ATTORNEY
2. Upon filing the above documents, a case number is given and a hearing date is set.
3. The Court will prepare a notice of hearing to the prospective ward and notify the court investigator. The Court will also serve any next of kin entitled to notice who has not waived notice of hearing. Said notice shall be served by certified mail at least seven (7) days prior to the hearing.
4. The court investigator shall serve the prospective ward notice at least (7) seven days prior to the hearing. The court investigator will file proof of service with the court along with a report and recommendation.
5. On the day of the hearing, the applicant along with his/her counsel shall appear. Additional parties, such as the next of kin and/or in some cases the perspective ward and ward's counsel, may also choose to appear.
6. Upon approval of the guardianship, the guardian must file the following document:
  - a. 15.3 Guardian's Bond, if applicable (twice the amount of personal property)
7. The following documents shall be filed in cases where guardianship is granted for person and estate or estate only:
  - a. 15.5 Guardian's Inventory - to be filed within (3) three months from the issuance of Letters of Guardianship. The inventory shall reflect whether the ward has a safe deposit box and the location of said box, and whether the ward has a will and the location of said will.
  - b. 15.8 Guardian's Account/Supplement - to be filed (1) one year from the issuance of Letters of Guardianship and once each year thereafter. (This is a Local Court Rule)
  - c. 15.7 Application to Expend Funds/Supplement - to be filed after the Inventory has been filed.
  - d. Any filings with account numbers **must be redacted** and the Confidential Disclosure form provided.
8. For Guardianships granted for person and estate or for person only, a Guardian's Report and Annual Plan shall be filed every year along with a current Statement of Expert Evaluation.

# PROBATE COURT OF MEDINA COUNTY, OHIO

IN THE GUARDIANSHIP OF \_\_\_\_\_

Case No. \_\_\_\_\_

## APPLICATION FOR APPOINTMENT OF GUARDIAN OF ALLEGED INCOMPETENT

[R.C. 2111.03]

Applicant represents to the Court that \_\_\_\_\_ 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)) \_\_\_\_\_  
\_\_\_\_\_.

The proposed ward's date of birth is \_\_\_\_\_.

A Statement of Expert Evaluation is attached. (Form 17.1)

A list of Next of Kin of Proposed Ward is also attached. (Form 15.0)

The whole estate of the prospective ward is estimated as follows:

Personal Property	\$ _____
Real Estate	\$ _____
Annual Rents	\$ _____
Other Annual Income	\$ _____

Applicant represents that the applicant is not an administrator, executor or other fiduciary of the estate wherein the alleged incompetent is interested.

Applicant offers the attached bond in the amount of \$ \_\_\_\_\_.

Applicant further represents that a guardian of the alleged incompetent is necessary in order that

☐ the ward ☐ the ward's property may be taken proper care of and asks that a guardian be appointed.

TYPE OF GUARDIANSHIP APPLIED FOR IS [check the applicable boxes]

☐ non-limited ☐ limited ☐ person and estate ☐ estate only ☐ person only.

If limited guardianship is applied for, the limited powers requested are

\_\_\_\_\_  
\_\_\_\_\_

The time period requested is ☐ indefinite ☐ definite to \_\_\_\_\_  
\_\_\_\_\_

Applicant's relationship to alleged incompetent is \_\_\_\_\_  
\_\_\_\_\_

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).  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ The Applicant represents that a guardian has been nominated in writing pursuant to R.C. 1337.09 (D) or R.C. 2111.121. The nominated person is \_\_\_\_\_.
- ☐ The nominated person's contact information is listed on Form 15.0 (Next of Kin).
- ☐ A copy of the document which nominates the guardian is attached.
- ☐ The Applicant represents that the proposed ward had military service.

Military I.D: \_\_\_\_\_

Branch of service: \_\_\_\_\_

Dates of service: \_\_\_\_\_

- ☐ Applicant represents that the address provided is the applicant's permanent address and acknowledges the requirement that the court be notified of any change of address. Removal may result from a failure to comply with this requirement.

\_\_\_\_\_  
Attorney for applicant

\_\_\_\_\_  
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

**PROBATE COURT OF MEDINA COUNTY, OHIO**

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO.

**SUPPLEMENT TO APPLICATION FOR GUARDIANSHIP OF INCOMPETENT**

1. What is the relationship of the Alleged Incompetent to the Applicant? \_\_\_\_\_
2. How long has the Applicant known the Alleged Incompetent? \_\_\_\_\_
3. How old is the Alleged Incompetent? \_\_\_\_\_ **DOB:** \_\_\_\_\_
4. What is the condition of the Alleged Incompetent? \_\_\_\_\_
5. Is the Alleged Incompetent a Veteran? ☐ yes ☐ no Service Date: \_\_\_\_\_ Branch: \_\_\_\_\_
6. Who is the Alleged Incompetent's family physician? \_\_\_\_\_
7. On what date did the Alleged Incompetent last see his/her family physician? \_\_\_\_\_
8. List the addresses of residence where the Alleged Incompetent has resided in the past five years, the Dates he/she resided there and the names of persons with him/her at that address:
9. Please provide a history of who has been providing care for the Alleged Incompetent.
10. When was the last time the Alleged Incompetent lived in his/her home? \_\_\_\_\_
11. What is the amount and source of the Alleged Incompetent's income and who is designated payee?
12. Who and under what legal authority are the Alleged Incompetent's financial affairs handled?
13. Does the Alleged Incompetent have health insurance coverage? \_\_\_\_\_
14. Please provide the Alleged Incompetent's budget:

**PROBATE COURT OF MEDINA COUNTY, OHIO**

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

Case No. \_\_\_\_\_

**NEXT OF KIN OF PROPOSED WARD**  
(O.R.C. §2111.04)

(Note: Specify age and birth date 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	Birth Date 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 MEDINA COUNTY, OHIO**

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

Case No. \_\_\_\_\_

**WAIVER OF NOTICE**

We, the undersigned, do each of us hereby waive the issuing and service of notice, and voluntarily enter our appearance herein.

We do hereby consent to the appointment of \_\_\_\_\_  
or some suitable person as guardian of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PROBATE COURT OF MEDINA COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

Case No. \_\_\_\_\_

## FIDUCIARY'S ACCEPTANCE

### GUARDIAN (O.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 the 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 the written approval of the Court before executing a caretaker power of attorney authorized by O.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

**MEDINA COUNTY PROBATE COURT  
PROCEDURE FOR CRIMINAL BACKGROUND CHECKS**

Effective July 13, 2015, all Adult Guardianship Applicants who are not attorneys must be fingerprinted and submit to a criminal record check at the time of application, pursuant to Rule 66.05(A)(1) of the Rules of Superintendence for the Courts of Ohio. The procedure for said record check is as follows:

1. Contact the **Medina County Sheriff's Department**, located at 555 Independence Drive, Medina, Ohio 44256, at **330 764-3629** (Sandi) or via their website (www.medinasheriff.com) to schedule an appointment for a **webcheck** (go to General Information and then Webchecks).
2. You will need to bring your driver's license as a form of identification.
3. Cost of a **webcheck** should be verified with the Medina County Sheriff's Department:

BCI                      \$ *Contact Medina County Sheriff's Department for cost*  
BCI and FBI        \$ *Contact Medina County Sheriff's Department for cost*

Any petitioner, ***who has lived in Ohio less than 5 years***,  
must submit to a ***BCI and FBI Check***.

Method of payment:

Personal check or money order payable to **MCSO**

4. Please inform the Sheriff's Department where you would like your results sent.

**File the results of your BCI/FBI check with the Probate Court along with all the other documents.**

\*\*\*\*\*

**I swear, under penalty of law, that I have been a resident of Ohio for \_\_\_\_\_ years.**

\_\_\_\_\_  
Applicant

Sworn to in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Deputy Clerk/Notary



## REQUIREMENTS FOR STATEMENT OF EXPERT EVALUATION

1. Statement of Expert Evaluation **MUST** be filed with the Application.
2. When being filed with initial Guardian Application, the Statement of Expert Evaluation must be completed by a licensed physician or licensed clinical psychologist. (See #1 of Form 17.1)

**NOTE: When a physician or clinical psychologist states on a Statement of Expert Evaluation that with a reasonable degree of medical certainty it is unlikely the ward's mental competence will improve, the Court may dispense with the filing of subsequent Statements of Expert Evaluation when filing their biennial guardian's report. (Medina Probate Local Rule 66.5)**

3. When being filed **with the Guardian's Report**, the Statement of Expert Evaluation may be completed by a licensed physician, licensed clinical psychologist, licensed social worker, or mental retardation team. (See #1 on Form 17.1)
4. The Date of Evaluation **must** reflect a period of time **within three (3) months** of the filing of the Application or Report.
5. The Name and Address of the Evaluator **must be typed or printed legibly.** (See #2 on Form 17.1)
6. The information given by the Evaluator must be described in detail. **A diagnosis must be given as well as symptoms.**
7. The Evaluator must specifically state if the guardianship should/should not be granted and/or if the guardianship should continue/be terminated, (See #10 / #11 on Form 17.1)

# PROBATE COURT OF MEDINA COUNTY, OHIO

IN THE GUARDIANSHIP OF \_\_\_\_\_

Case No. \_\_\_\_\_

## AFFIDAVIT OF APPLICANT/GUARDIAN

Sup.R. 66.05

I, \_\_\_\_\_ affirm the following:  
(Name)

- ☐ I have no pending misdemeanor or felony cases and have not been convicted of or pleaded guilty to any misdemeanor or felony offense; **OR**
- ☐ I have pending misdemeanor or felony cases or have been convicted of or pleaded guilty to a misdemeanor or felony offense. (List below any pending cases or convictions that have not been sealed pursuant to R.C. 2953.31-2953.62.)

DATE	TYPE OF CHARGE	COURT NAME	PENDING/CONVICTED/PLEADED GUILTY
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty

I understand that I have a duty to notify Medina County Probate Court within seventy-two hours if the information contained in this affidavit should change.

\_\_\_\_\_  
Signature of Applicant or Guardian

SWORN TO, BEFORE ME, and subscribed in my presence, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public/Deputy Clerk

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
Commission Expiration Date

Affix seal here

# 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](http://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