

## ACKNOWLEDGEMENT OF TRAINING

Name: \_\_\_\_\_

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

Date Completed: \_\_\_\_\_

Please complete, sign and return to:

**Medina County Probate Court  
93 Public Sq., Rm. 104  
Medina, OH 44256**

1. I understand that I am to keep my Letters of Authority safe and use the file stamped date as a basis for future filings of any and all reports.
2. I understand that as a guardian, I am required to file reports timely based on my specific type of guardianship.
3. I understand that I am responsible for any filing fees and court costs not covered by my initial deposit.
4. I understand that I have a duty to my ward and that my ward has rights under the law.
5. I acknowledge that I viewed all relevant portions of the Guardianship Training Video.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_