

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

IN THE MATTER OF GUARDIANSHIP OF _____

CASE NO. _____

ADDENDUM TO APPLICATION FOR APPOINTMENT OF GUARDIAN

(Attach to Application for Appointment of Guardian for Incompetent, Form 17.0)

1. Why is Guardianship necessary?

2. Information concerning Guardian/Applicant:

Name _____
Occupation _____
Work Address _____

Work Phone _____

3. Information concerning Ward:

a. Full Name and AKA _____
b. Nickname _____
c. Age _____
d. Male Female
e. Ward's Present Address (Location) _____
 City _____ State _____
 County _____ Zip _____
 Telephone _____
f. Ward's Legal Settlement or Residence, if different than ward's present address (above):
 Address _____
 City _____ State _____
 County _____ Zip _____
 Telephone _____
g. Ward's living arrangements at present address are best described as:
 (1) His/her own apartment or home (includes assisted living facilities).
 (2) Private home or apartment of:
 (a) the Ward's guardian.
 (b) a relative of the ward, whose name is _____
 and whose relationship is _____
 (c) a non-relative whose name is _____

3. g. (Continued)

- (3) A foster, group, or boarding home.
- (4) A nursing home.
- (5) A medical facility or state institution.
- (6) Other (describe): _____

- (7) If either (3), (4), (5), or (6) is checked, complete the following:
 - (a) The name of the home, facility or institution: _____
 - (b) The name of an individual at the home, facility, or institution who has knowledge, and is authorized to give information to the Court about the ward.
Name _____
Telephone Number _____

h. The ward will be at the address given in Item 3-f:

- (1) Indefinitely.
- (2) Temporarily. The new address and telephone number is:
 - (a) Unknown. I will provide this information when known.
 - (b) _____
City _____ State _____
Telephone _____ Zip _____

i. List any problems the alleged incompetent may have in communicating:

j. Name of a contact person to arrange for service of notice of guardianship on the ward by court investigator:

Name _____
Home Phone _____ Work Phone _____

k. Name any agencies already involved with the proposed ward.

<u>AGENCY</u>	<u>CONTACT PERSON</u>	<u>TELEPHONE NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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i. Does the proposed ward have:

- (1) Power of Attorney? Yes No (If yes, attach copy.)
- (2) Health Care Power of Attorney Yes No (If yes, attach copy.)
- (3) Advance Directive or Living Will? Yes No (If yes, attach copy.)
- (4) Last Will and Testament? Yes No (If yes, attach copy.)

(If yes, where is it located?) _____

4. Information concerning finances of Ward:

a. Specifically, is the ward eligible for, or receiving, any of the following benefits, and, if so, what corporation or organization is the source of the funds?

<u>TYPE</u>	<u>AMOUNT PER MONTH</u>
Social Security	_____
Public Employees Retirement System	_____
Veterans Administration	_____
Railroad Retirement (Name) _____	_____
Employee's Pension (Name) _____	_____
Insurance Benefits (Name) _____	_____
Other (Name) _____	_____

b. Does the prospective ward have an interest in an estate or trust? Yes No
If so, give the decedent's name, Court case number, name and location of Court, or the trustee, etc.

c. Cash? Yes No Amount _____

d. Bank Accounts? Yes No

<u>INSTITUTION</u>	<u>ADDRESS</u>	<u>ACCOUNT</u>	<u>AMOUNT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

e. Securities? Yes No

<u>ISSUER</u>	<u>MARKET VALUE</u>
_____	_____
_____	_____
_____	_____

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f. Land Installment Contracts? Yes No

<u>VENDEE and ADDRESS</u>	<u>PROPERTY LOCATION</u>	<u>AMT. PER MONTH AND BALANCE</u>
_____	_____	- _____
_____	_____	- _____
_____	_____	- _____

g. Real Estate? Yes No

<u>PROPERTY LOCATION</u>	<u>MARKET VALUE</u>
_____	_____
_____	_____
_____	_____

h. Rental from Real Estate? Yes No

<u>ADDRESS OF REAL ESTATE</u>	<u>AMT. PER MONTH</u>
_____	_____
_____	_____
_____	_____

i. Income from any other source? Yes No

j. Titled Motor Vehicles? Yes No

<u>VEHICLE MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>VALUE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

k. Pre-need Funeral/Burial? Yes No

Describe: _____

Date

Applicant Signature

Applicant Print or Type Name