

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

GUARDIANSHIP OF _____

CASE NO. _____

ANNUAL PLAN FOR GUARDIANSHIP

1. Do you plan to change the Primary Care Physician listed on the Guardian's Report?

YES NO

If yes, please list the reason why: _____

New Physician Name: _____

Address: _____

Telephone Number: _____

2. Is there a plan to change or add agencies/providers listed on the Guardian's Report involved with the ward's care?

YES NO

If yes, please list the reason why: _____

Please provide the contact information of any new agencies: _____

3. Is there a plan to change the ward's placement?

YES NO

If yes, why the change? _____

When will the change occur? _____

Placement Facility Name and location: _____

CASE NO. _____

4. Please describe the ward's participation in the following activities:

Social/Recreational: _____

Employment: _____

Other: _____

If the ward is **not** involved in activities please explain why: _____

5. Please describe how the ward's financial needs will be met in the coming year:

Guardian's Signature

Date

Guardians Typed or Printed Name

Telephone Number (include area code)

Guardian's Address

City State Zip

Guardian's Email Address (if available)