

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

GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

PERSONAL INFORMATION FORM

[Loc. R. 66.1(H)]

Ward's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Length of time at the above address: \_\_\_\_\_

If the Ward currently resides in a facility, name of facility: \_\_\_\_\_

Telephone number and contact person at facility stated above: \_\_\_\_\_

Ward Information:

Ward's Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Current Services:

Names and Telephone Numbers of Physician and/or Psychiatrist/Psychologist:

Names and Telephone Numbers of Agency and Contact people who are involved with the Ward:

Is the Ward a veteran?  Yes  No

Does the Ward have a preneed burial?  Yes  No

Next of Kin: (Names, Relationship, Addresses and Telephone Numbers)

Additional Comments:

ASSIGNED COURT INVESTIGATOR: \_\_\_\_\_

COURT INVESTIGATOR'S PHONE NUMBER: \_\_\_\_\_