

SUMMIT COUNTY PROBATE COURT

A BACKGROUND CHECK IS REQUIRED PRIOR TO YOUR APPOINTMENT AS GUARDIAN

If you have been an Ohio resident during your lifetime; a BCI background check ONLY is required.

If you have lived out of State at any time, it is required to have both a FBI and BCI background check.

Instructions for obtaining a background check:

- You must have a valid government I.D.
- BCI and FBI background checks are performed at the Summit County Court of Common Pleas Clerk's Office located at 205 S. High Street, Akron, OH 44308 (Monday - Friday 7:30 a.m. - 3:45 p.m.)

OR

You may find a WebCheck Facility in your area by visiting the website below:

www.ohioattorneygeneral.gov/Business/Services-for-Business/Webcheck/Webcheck-Community-Listing

FEES:

- The fee for a BCI background check at Summit County Court of Common Pleas is \$26.00 and is non-refundable. (Other agencies \$32.00)
- The fee for both the FBI and BCI background checks at Summit County Court of Common Pleas is \$54.00 and is non-refundable. (Other agencies \$60.00)

BACKGROUND CHECK APPLICATION:

- Results must be submitted to **Summit County Probate Court Clerk's Office.**

Complete the "address for results mailed to" section as follows:

**Summit County Probate Court Clerk's Office
209 S. High Street
Akron, OH 44308**

- Please do not request the results to be mailed to your home address

YOU WILL NOT BE APPOINTED AS GUARDIAN UNTIL THE BACKGROUND CHECK HAS BEEN COMPLETED AND RECEIVED BY THE COURT

Contact the Probate Court Clerk's Office at (330) 643-2350 if you need further information.

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

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 Summit County, Ohio and that the prospective ward is incompetent by reason of (R.C. 2111.01(D)) _____.

The proposed ward's Age 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 (guardianship of the person)
- ward's property (guardianship of the estate)

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

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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 a 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's Signature

Attorney for Applicant's Typed or Printed Name

Address

City State Zip

Telephone Number (include area code)

Attorney Registration No. _____

Applicant's Signature

Applicant's Typed or Printed Name

Age

Permanent Address

City State Zip

Telephone Number (include area code)

Applicant's Email Address (if available)

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 _____

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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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CASE NO. _____

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>
_____	_____
_____	_____
_____	_____

CASE NO. _____

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

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

GUARDIANSHIP OF _____

CASE NO. _____

STATEMENT OF EXPERT EVALUATION

[Sup. R. 66 & R.C. 2111.49]

Definition of Incompetent (R.C. 2111.01(D)): "Incompetent" means any person who is so mentally impaired as a result of a mental or physical illness or disability, or mental retardation, or as a result of chronic substance abuse, that the person is incapable of taking proper care of the person's self or property or fails to provide for the person's family or other persons for whom the person is charged by law to provide, or any person confined to a correctional institution within this State."

The Statement of Evaluation does not declare the individual competent or incompetent, but is evidence to be considered by the Court. The fee for completing this evaluation WILL NOT be paid by the Probate Court. Each evaluator should secure payment from the Applicant/Guardian.

- 1. This Statement of Expert Evaluation is to be filed with or attached to:
 - A. Guardianship Application: Completed by Licensed Physician or Licensed Clinical Psychologist prior to the filing and attached to the application.

 - B. Guardian's Report: Completed by Licensed Physician Licensed Clinical Psychologist Licensed Independent Social Worker Licensed Professional Clinical Counselor or Mental Retardation Team.
The evaluation or examination shall be completed within three months prior to the date of the Report. R.C. 2111.49

 - C. Application for Emergency Guardian: of the person: a Licensed Physician shall complete the Supplement for Emergency Guardian, form 17.1A with specificity indicating the emergency, and why immediate action is required to prevent significant injury to the person. The Supplement shall be signed, dated, and attached as part of this completed Statement.

2. Statement completed by: _____
Name & Title/Profession: _____
Business Address: _____
Business Telephone Number: _____

3. Date(s) of evaluation: _____
Place(s) of evaluation: _____
Amount of time spent on evaluation: _____

CASE NO. _____

Length of time the individual has been your patient: _____

4. Is the individual presently under medication? Yes No If yes, what is the medication, dosage, and purpose?

Are there any signs of physical and/or mental impairments caused by the medications themselves?

5. Is the individual mentally impaired? Yes No If yes, indicate the diagnosis below:

Mental Retardation/Developmental Disabilities:
 Profound Severe Moderate Mild

Mental Illness: Type and Severity _____

Substance Abuse: Description _____

Dementia: Description _____

Other: Description _____

Please provide additional comments and test scores if available. (Continue comments on page 4):

6. During the examination did you notice an impairment of the individual's:

a) Orientation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
b) Speech	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
c) Motor Behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
d) Thought Process	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
e) Affect	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
f) Memory	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
g) Concentration and comprehension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
h) Judgment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

7. Please describe any impairments identified in question six. (Continue comments on page 4).

8. Is the individual physically impaired? Yes No If yes: Description

CASE NO. _____

9. Are there any special characteristics of the individual which should be considered in evaluating the individual for guardianship: Yes No If yes: Explain

10. Are there any indication of abuse, neglect or exploitation of the individual? Yes No
If yes: Explain _____

11. Do you believe the individual is capable of caring for the individual's activities of daily living or making decisions concerning medical treatments, living arrangements and diet? Yes No
If no: Explain _____

12. Do you believe this individual is capable of managing the individual's finances and property?
 Yes No If no: Explain

13. Prognosis:

A. Is the condition stabilized? Yes No

B. Is the condition reversible: Yes No

14. In my opinion a guardianship should be:

Established/Continued

Denied/Terminated

I certify that I have evaluated the individual on _____, 20__.

Date: _____

Signature of Evaluator

Evaluator Print or Type Name

GUARDIAN'S REPORT ADDENDUM

(Not to be used with initial Application)

It is my opinion, based upon a reasonable degree of medical or psychological certainty that the mental capacity of this ward will not improve.

Date _____

Signature - Licensed Physician/Clinical Psychologist

Print or Type Name

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

GUARDIANSHIP OF _____

CASE NO. _____

NEXT OF KIN OF PROPOSED WARD

[R.C. 2111.04]

NOTE: (Specify age 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

1. Name _____ SPOUSE
Address _____ Zip _____
 The spouse is the natural or adoptive parent of all of the ward's children.
3. Name _____ (Relationship) _____ (Minor's Age) _____
Address _____ Zip _____
4. Name _____ (Relationship) _____ (Minor's Age) _____
Address _____ Zip _____
5. Name _____ (Relationship) _____ (Minor's Age) _____
Address _____ Zip _____
6. Name _____ (Relationship) _____ (Minor's Age) _____
Address _____ Zip _____
7. Name _____ (Relationship) _____ (Minor's Age) _____
Address _____ Zip _____
8. Name _____ (Relationship) _____ (Minor's Age) _____
Address _____ Zip _____
9. Name _____ (Relationship) _____ (Minor's Age) _____
Address _____ Zip _____

_____ Date

_____ Applicant's Signature

_____ Applicant's Typed or Printed Name

PROBATE COURT OF SUMMIT COUNTY, OHIO

GUARDIANSHIP OF: _____

CASE NO. _____

WAIVER OF NOTICE AND CONSENT

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 SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

FIDUCIARY'S ACCEPTANCE GUARDIAN

[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 this 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.

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 parents, or has a parent 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 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's Signature

Fiduciary's Typed or Printed Name

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

GUARDIANSHIP OF _____

CASE NO. _____

GUARDIAN'S BOND

[R.C. 2109.04(A)(1)]

Amount of this bond \$ _____

The undersigned principal, and sureties if any, are obligated to the State of Ohio in the above amount, for payment of which we bind ourselves and our successors, heirs, executors, and administrators, jointly and severally.

The principal has accepted in writing the duties of fiduciary in ward's estate, including those imposed by law and such additional duties as may be required by the Court.

This obligation is void if the principal performs such duties as required.

This obligation remains in force if the principal fails to perform such duties, or performs them tardily, negligently, or improperly, or if the principal misuses or misappropriates estate assets or improperly converts them to his own use or the use of another.

[Check if personal sureties are involved.] The sureties certify that each of them owns real estate in this county, with a reasonable net value as stated below.

Date

Principal's Signature

Principal's Typed or Printed Name

Surety
By _____
Attorney in Fact's Signature

Surety
By _____
Attorney in Fact's Signature

Attorney in Fact's Typed or Printed Name

Attorney in Fact's Typed or Printed Name

Address

Address

Net value of real estate owned in this county:

Net value of real estate owned in this county:

\$ _____

\$ _____

IT IS SO ORDERED.

JUDGE ELINORE MARSH STORMER

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

GUARDIANSHIP OF _____

CASE NO. _____

NON-PUBLIC RECORD INFORMATION

Information concerning the alleged ward or minor:

Social Security Number _____

Birth Date _____

Information concerning the applicant:

Social Security Number _____

Birth Date _____

Submitted by:

Applicant/Attorney's Signature

Applicant/Attorney's Typed or Printed Name

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

GUARDIANSHIP OF: _____

CASE NO. _____

GUARDIAN'S CREDIBILITY APPLICATION

Name of Prospective Ward _____

Name of Applicant _____ Date of Birth _____

Applicant's Current Address _____

If at current address less than 5 years please provide previous address

Current Employer/Source of Income _____

Spouse's Name _____ Date of Birth _____

Spouse's Current Employer/Source of Income _____

Name of Applicant's Banking Institution _____

Checking Savings

Has Applicant Ever Filed Bankruptcy? Yes No

Has Applicant Ever Been Garnished? Yes No

Has Applicant Ever Been in Receivership? Yes No

Has Applicant Ever Been Convicted of a Felony? Yes No

Please explain any "Yes" answers: _____

I swear or affirm the above information is true and complete to the best of my knowledge.

Applicant Signature

Date

Applicant's Typed or Printed Name