

**PROBATE COURT OF WOOD COUNTY, OHIO**  
**David E. Woessner, Judge**

In the Matter of the GUARDIANSHIP of: \_\_\_\_\_

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

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

**NOTICE TO PROSPECTIVE WARD OF APPLICATION AND HEARING**

To

Address

An application for appointment of \_\_\_\_\_ as (limited) guardian for your (person and estate) has been filed with the Probate Court.

A hearing on that application will be held on \_\_\_\_\_, at \_\_\_\_\_ .m. o'clock at \_\_\_\_\_. At that hearing, Applicant must prove by clear and convincing evidence that, because of mental impairment, you are unable to handle your own affairs.

1. **You have the right to be present at the hearing to contest the application, and to be represented by an attorney of your choice;**
2. **The right to have a friend or family member of your choice present at the hearing;**
3. **The right to have evidence of an independent expert evaluation introduced at the hearing;**
4. **If you are indigent, upon your request, an attorney and an independent expert evaluator will be appointed at court expense;**
5. **If you are indigent, and you appeal the guardianship decision, you have the right to have an attorney appointed and necessary transcripts prepared at court expense.**

Witness my signature and the seal of the Court this

\_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

(Seal)

\_\_\_\_\_  
David E. Woessner, Probate Judge

By: \_\_\_\_\_

Deputy Clerk

THE PROBATE COURT WILL ATTEMPT TO PROVIDE REASONABLE ACCOMMODATIONS FOR ANY DISABLED PERSON. REQUESTS FOR SPECIAL ACCOMMODATIONS ARE TO BE MADE TO THE PROBATE COURT TWENTY-FOUR (24) HOURS PRIOR TO THE TIME SUCH ACCOMMODATIONS ARE REQUIRED.

**RETURN**

\_\_\_\_\_ County, Ohio \_\_\_\_\_,

Received this notice on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I served the same by delivering a true copy thereof personally to \_\_\_\_\_.

I communicated with him/her in a language or method of communication understandable to the alleged incompetent.

\_\_\_\_\_  
Investigator

FEES IF SERVED BY OTHER THAN PROBATION OFFICER		
Service & Return First Name		\$
_____ Additional Names		
@		\$
_____ Miles @ _____		\$
<b>TOTAL</b>		\$

**PROBATE COURT INVESTIGATION  
CASE NO.**

\_\_\_\_\_