

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

GUARDIAN'S REPORT
[R.C. 2111.49 and Sup.R. 66.05(B)(2)]

NOTE: If allotted space is inadequate to respond, write "See Exhibit" in the space and add appropriate exhibit letter sequence, then attach exhibit containing information requested for that space.

1. This is the **(circle one)** 1st, 2nd, 3rd, 4th, 5th, 6th, or _____, Guardian's Report.
2. Ward's present address: _____
City _____ State _____
Zip Code _____ Telephone Number (____) _____
3. Ward's living arrangements at the above address are best described as:
 - a. His or her own apartment or home (includes assisted living facilities.)
 - b. Private home or apartment of:
 - (1) the ward's guardian
 - (2) a relative of the ward, whose name is _____
and relationship is _____
 - (3) a non-relative whose name is _____
 - c. A foster, group, or boarding home.
 - d. A nursing home.
 - e. A medical facility or state institution.
 - f. Other (describe) _____

 - g. If **c, d, e,** or **f** is checked, complete the following:
 - (1) The name of the home, facility, or institution _____
 - (2) 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 (____) _____
4. The ward will be at the address given in Item 2:
 - a. Indefinitely.
 - b. Temporarily. The new address and telephone number is:
 - (1) Unknown. I will provide this information when known.
 - (2) _____
City _____ State _____
Zip Code _____ Telephone Number (____) _____

- 5. Guardian's contact with the ward.
 - a. Approximate number of times the guardian had contact with the ward during the period covered by this report: _____
 - b. The nature of those contacts (phone, personal, or other): _____

 - c. Date the ward was last seen by the guardian: _____

- 6. Have you observed any **major** change in the ward's physical or mental condition during the period covered by this report? Yes No
If "yes" is checked, briefly describe the changes. _____

- 7. The care given to the ward is Adequate Not Adequate
If "Not Adequate" is checked, explain. _____

- 8. The guardianship should be Continued Not Continued
If "Not Continued" is checked, explain. _____

- 9. During the period covered by this report, the ward has has not been seen by a physician. If the ward has been seen, the last date was _____ and for the purpose of _____

- 10. I currently serve as the guardian to ten or more wards and certify to the Court that I am unaware of any circumstances that may disqualify me from serving as guardian for this ward.

- 11. With regard to the continuing education requirement pursuant to Sup.R. 66.07:
 - I have completed the continuing education requirement. (Attach Certificate of Completion if applicable)
 - The continuing education requirement was waived.

Attached is a statement by a licensed physician, a licensed clinical psychologist, a licensed social worker, or a developmental disability team, that has evaluated or examined the ward within three months prior to the date of this report regarding the need for continuing the guardianship. [R.C. 2111.49(A)(1)(I)](Form 17.1)

If an attorney has been consulted on this report: _____ Attorney for Guardian _____ Street _____ City State Zip Code _____ Telephone Number (include area code) _____ Attorney Registration No.	Date _____ _____ Guardian's Printed Name _____ Guardian's Signature _____ Street _____ City State Zip Code _____ Telephone Number (include area code)
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(Knowingly giving false information on a Probate document is a criminal offense)
[R.C. 2921.13(A)(11)]

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

ANNUAL GUARDIANSHIP PLAN - PERSON

[Sup.R. 66.08 (G)]

[Attach as addendum to Form 17.7-Guardian's Report.]

I am the guardian of the for the above-named Ward. I have identified the following goal(s) for the next year and how I intend the goal(s) to be met.

- The Ward is receiving services from the Board of Developmental Disabilities and the annual Individual Service Plan is up to date.

For the Person

Goal - (for example: address medication issues; obtain assistance devices; secure medical and rehab services; meet mental health service needs; secure personal care services; enhance nutrition; improve social skills, etc.)

Means to Meet the Goal – (for example: educate on benefits of medications and compliance; obtain walker, wheelchair, hearing aid; schedule semi-annual checkups/exams; secure outpatient examinations and mental health counseling; arrange for shopping and/or meals on wheels; enroll in sheltered workshop/socialization programs, etc.)

[Attach additional pages if necessary]

CASE NO. _____

Guardian's Printed Name

Guardian's Signature

Street

Telephone Number (include area code)

City State Zip Code

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

ANNUAL GUARDIANSHIP PLAN - ESTATE

[Sup.R. 66.08 (G)]

[Attach as addendum to Form 17.7-Guardian's Report.]

I am the guardian of the estate for the above-named Ward. I have identified the following goal(s) for the next year and how I intend the goal(s) to be met.

For the Estate

Goal - (for example: obtain representative payee; enroll in Medicaid; establish Special Needs Trust; improve money handling skills)

Means to Meet the Goal – (for example: contact Social Security; contact Job and Family Services/Attorney re exempt assets/eligibility; secure supporting documentation; schedule skill training, etc.)

Attach additional pages if necessary]

Guardian's Printed Name

Guardian's Signature

Street

Telephone Number (include area code)

City State Zip Code