

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

In the Matter of the CONSERVATORSHIP of: _____

Case No. _____

APPLICATION FOR APPOINTMENT OF CONSERVATOR

(R.C. 2111.021)

I, _____, Petitioner, hereby state that I am a competent adult but am physically infirm. I request that:

1. Name of Proposed Conservator _____
Street _____
City _____, Ohio (Zip) _____ Telephone (____) _____

be appointed conservator of my:

- Person and Estates Person Only Estate Only

2. The length (time period) of the conservatorship is:

- Indefinite Definite – to _____, _____

3. (If "Person Only" or "Person and Estate" is checked), I give the following power over my **PERSON** to the:

a. Conservator:

- (1) All powers that a guardian would have under the guardianship laws of Ohio.
 (2) Limited to the power to _____

b. Court:

- (1) All powers that a Court would have under the guardianship laws of Ohio.
 (2) Limited to the power to _____

4. (If "Estate Only" or "Person and Estate" is checked), I give the following power over my **ESTATE** to the:

a. Conservator:

- (1) All the powers that a guardian would have under the guardianship laws of Ohio.
 (2) Limited to the power to _____

b. Court:

- (1) All powers that a Court would have under the guardianship laws of Ohio.
 (2) Limited to the power to _____

c. The following of my property is subject to the foregoing powers:

- (1) All property, (attach description of property)
- (2) Only the property listed as follows: _____

5. If the application is for a conservatorship of the estate:

a. The estate to be placed under conservatorship is:

Personal Property	\$ _____
Real Property	\$ _____
Annual Rents	\$ _____
Other Annual Income	\$ _____
TOTAL.....	\$ _____

b. A bond in the amount of \$ _____ is attached. (R.C. 2109.04(A)(1)) (Form 15.3)

6. Service of notice of the conservatorship is to be given to:

- None Same as Guardianship As listed on Form 15.0

Based on the foregoing information, I do hereby petition the Court to appoint a Conservator for myself, and do so freely and of my own will. I certify that all information and statements contained in this application and the attached exhibits are correct to the best of my knowledge and belief.

Date

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address: _____

Address: _____

Phone Number (Include area code)

Phone Number (Include area code)

Attorney Registration Number