

**PROPOSED AMENDMENTS TO THE RULES OF SUPERINTENDENCE
FOR THE COURTS OF OHIO**

Comments Requested: The Supreme Court of Ohio will accept public comments until June 23, 2016, on the following proposed amendments to the Rules of Superintendence for the Courts of Ohio.

Comments on the proposed amendments should be submitted in writing to: John VanNorman, Senior Policy and Research Counsel, Supreme Court of Ohio, 65 South Front Street, 7th Floor, Columbus, Ohio 43215-3431, or john.vannorman@sc.ohio.gov not later than June 23, 2016. Please include your full name and mailing address in any comments submitted by e-mail.

Key to Proposed Amendment:

1. Existing language appears in regular type. Example: text
2. Existing language to be deleted appears in strikethrough. Example: ~~text~~
3. New language to be added appears in underline. Example: text

- 45 5. Guardian's contact with the ward.
- 46 a. Approximate number of times the guardian had contact with the ward during the period covered
- 47 by this report: _____
- 48 b. The nature of those contacts (phone, personal, or other): _____
- 49 _____
- 50 c. Date the ward was last seen by the guardian: _____

52 6. Have you observed any **major** change in the ward's physical or mental condition during the

53 period covered by this report? Yes No

54 If "yes" is checked, briefly describe the changes. _____

55 _____

57 7. The care giver to the ward is Adequate Not Adequate

58 If "Not Adequate" is checked, explain. _____

59 _____

61 8. The guardianship should be Continued Not Continued

62 If "Not Continued" is checked, explain. _____

63 _____

65 9. During the period covered by this report, the ward has has not been seen by a physician. If the

66 ward has been seen, the last date was _____ and

67 for the purpose of _____

68 10. I currently serve as the Guardian to ten or more wards and certify to the court that I am unaware of

69 any circumstances that may disqualify me from serving as Guardian for this Ward.

71 Attached is a statement by a licensed physician, a licensed clinical psychologist, a licensed social worker, or a

72 mental retardation team, that has evaluated or examined the ward within three months prior to the date of this

73 report regarding the need for continuing the guardianship. [R.C. 2111.49(A)(1)(I)](Form 17.1)

75 If an attorney has been consulted on this report:	Date _____
76 _____	_____
77 Attorney's Signature <u>Attorney for Guardian</u>	Guardian's Signature <u>Printed Name</u>
78 _____	_____
79 (Type or Print Attorney's Name)	(Type or Print Guardian's Name) <u>Signature</u>
80 _____	_____
81 (Street)	(Street)
82 _____	_____
83 (City, State, Zip Code)	(City, State, Zip Code)
84 (_____) _____	(_____) _____
85 Telephone Number Supreme Court Registration No.	Telephone Number
86 _____	_____
87 <u>Attorney Registration No.</u>	

(Knowingly giving false information on a Probate document is a criminal offense)

[R.C. 2921.13(A)(11)]

FORM 17.7 - GUARDIAN'S REPORT

PAGE 2

Amended: _____

Discard all previous versions of this form

CASE NO. _____

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A Preliminary Estimate Accounting (Form 18.9), if required, is filed with this petition.

The minor is in the permanent custody of _____
whose address is _____.

The guardian ad litem during the permanent custody proceedings was _____
whose address is _____.

The attorney representing the minor during the permanent custody proceedings was _____
whose address is _____.

PERSONS OR AGENCIES WHOSE CONSENT TO THE ADOPTION IS REQUIRED

Name: _____ Relationship: _____ Age, if minor _____
Address: _____ Consent filed

Name: _____ Relationship: _____ Age, if minor _____
Address: _____ Consent filed

_____, the agency has permanent
Custody of the minor filed under, _____, _____ Consent filed

PERSONS WHOSE CONSENT TO THE ADOPTION IS NOT REQUIRED

No person has timely registered pursuant to R.C. 3107.062 as a putative father of the minor ~~born on or after~~
~~January 1, 1997~~. Attached is Ohio Department of Human Services Form 1697.

A The consent of _____
Name Address Relationship

B The consent of _____
Name Address Relationship

is/are not required because:

A B

The parent has failed without justifiable cause to provide more than de minimis contact with the minor for a
period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home
of the petitioner.

The parent has failed without justifiable cause to provide for the maintenance and support of the minor as
required by law or judicial decree for a period of at least one year immediately preceding the filing of the adoption petition or
the placement of the minor in the home of the petitioner.

State other grounds under R.C. 3107.07 (includes putative father of the minor ~~born before January 1, 1997~~).

CASE NO. _____

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Attorney for Petitioner

Petitioner

Typed or Printed Name

Typed or Printed Name

Street Address

Petitioner

City State Zip Code

Typed or Printed Name

Phone Number (include area code)

Street Address

Attorney Registration No. _____

City State Zip Code

Phone Number (include area code)

1 PROBATE COURT OF _____ COUNTY, OHIO

2
3 _____, JUDGE

4
5 GUARDIANSHIP OF _____

6
7 CASE NO. _____

8
9 **APPLICATION TO COMMENCE LEGAL PROCEEDINGS FOR WARD**

10 [Sup.R. 66.08(F)]

11
12 Applicant, Guardian of the above-named ward, requests the Court's permission to
13 commence legal proceedings on the ward's behalf. The reasons for commencing legal
14 proceedings on the ward's behalf are: _____

15
16
17 [Attach additional pages if necessary.]

18
19
20
21 Attorney for Guardian

21 Guardian's Printed Name

22
23
24 Street

23 Guardian's Signature

25
26
27 City, State, Zip Code

26 Street

28
29
30 Phone Number

29 City, State, Zip Code

31
32
33 Attorney Registration No.

32 Phone Number

34
35 **ENTRY ON APPLICATION TO COMMENCE LEGAL PROCEEDING FOR WARD**

36
37 This _____ day of _____ this cause came to be heard on the
38 application of the guardian of the above-named ward. Based on the information/testimony
39 presented, the Court hereby finds that it is in the best interest of the ward that the application
40 is APPROVED/DENIED. Therefore, the Court finds that the application is
41 APPROVED/DENIED and the guardian MAY/MAY NOT proceed on the ward's behalf.

42
43 The Court further ORDERS: _____

44
45
46
47 IT IS SO ORDERED.

48
49 _____
50 Probate Judge

1 **PROBATE COURT OF _____ COUNTY, OHIO**

2
3 **_____, JUDGE**

4
5 **GUARDIAN WITH TEN OR MORE WARDS**
6 **NOTIFICATION OF CHANGE IN**
7 **PERSONAL INFORMATION**

8 **[Sup.R. 66.05(B)(1)]**

9
10
11 I, the undersigned, currently serve as the Guardian to ten or more wards. I am

12 contacting the Court to report a change in my personal information.

13 The wards I currently serve are the following:

<u>Ward's Name</u>	<u>Case No.</u>	<u>Ward's Name</u>	<u>Case No.</u>
<u>1.</u>		<u>7.</u>	
<u>2.</u>		<u>8.</u>	
<u>3.</u>		<u>9.</u>	
<u>4.</u>		<u>10.</u>	
<u>5.</u>		<u>11.</u>	
<u>6.</u>		<u>12.</u>	

14 [Attach additional pages if necessary.]

15
16 The updated and current information is the following:

17 _____
18 Guardian's Printed Name

17 _____
18 Guardian's Signature

19
20 _____
21 Street

19
20 _____
21 Phone Number

22
23 _____
24 City, State, Zip Code

22
23 _____
24 E-mail

1 PROBATE COURT OF _____ COUNTY, OHIO

2
3 _____, JUDGE

4
5
6 **GUARDIAN WITH TEN OR MORE WARDS**
7 **ANNUAL FEE SCHEDULE**

8 [Sup.R. 66.05 (B)(3)]

9
10 I, the undersigned, currently serve as the Guardian to ten or more wards. I hereby
11 submit to the Court the following fee schedule indicating guardianship service fees, legal
12 fees, and other direct service fees incurred from serving as Guardian for said wards.

<u>Description of Fee or Expense</u>	<u>Fee Amount (Last Year)</u>	<u>Fee Amount (This Year)</u>
<u>Guardianship Service Fees</u>		
<u>Legal Fees</u>		
<u>Other Direct Service Fees</u>		

13 [Attach additional pages if necessary.]

14
15
16 _____
17 Attorney for Guardian

18 _____
19 Guardian's Printed Name

20 _____
21 Street

22 _____
23 Guardian's Signature

24 _____
25 City, State, Zip Code

26 _____
27 Street

28 _____
29 Phone Number

CASE NO. _____

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Means to Meet the Goal – _____

PART 2 – 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

Phone Number

City, State, Zip Code

Effective Date: _____

1 PROBATE COURT OF _____ COUNTY, OHIO

2
3 _____, JUDGE

4
5 GUARDIANSHIP OF _____

6
7 CASE NO. _____

8
9 **NOTIFICATION OF GUARDIAN'S RECEIPT OF FEES**
10 **OTHER THAN THROUGH GUARDIANSHIP**

11 [Sup.R. 66.08(J)(2)]

12
13 The undersigned currently serves as the Guardian of the above-named ward. I hereby

14 report to the Court the receipt of the following fees not set forth in Sup.R. 73 covering

15 Guardian's Compensation:

16
17 Fee Amount: _____

18 Source of Fee: _____

19 Entity Reviewing and Authorizing Payment of the Above Fee:

20
21 _____
22 Name of Entity

23
24 _____
25 Street

26
27 _____
28 City, State, Zip Code

29 [Attach additional pages if necessary.]

30
31
32
33 _____
34 Guardian's Printed Name

35
36 _____
37 Guardian's Signature

38
39 _____
40 Street

41
42 _____
43 Phone Number

44
45 _____
46 City, State, Zip Code

1 **PROBATE COURT OF _____ COUNTY, OHIO**

2
3 _____, **JUDGE**

4
5 **GUARDIANSHIP OF _____**

6
7 **CASE NO. _____**

8
9 **NOTIFICATION OF WARD'S IMPORTANT LEGAL PAPERS**

10 **[Sup.R. 66.08 (L)]**

11
12
13 The undersigned currently serves as the Guardian of the above-named ward. I hereby
14 report to the Court the existence and location of the ward's important legal documents.

15 The Ward is known to have:

16 Location:

17 Will(s)

18 Other Estate Planning Documents

19 Advance Directives

20 Powers of Attorney

21 Contract for Prearranged Funeral

22 Other _____

23
24
25 The above checked documents are further described as: _____

26
27 [Attach additional pages if necessary.]

28
29
30
31 Guardian's Printed Name

_____ Guardian's Signature

32
33
34 Street

_____ Phone Number

35
36
37 City, State, Zip Code