

**AMENDMENTS TO THE SUPREME COURT  
RULES OF SUPERINTENDENCE FOR THE COURTS OF OHIO**

The following amendments to the Rules of Superintendence for the Courts of Ohio (Sup.R. 67) and the Standard Probate Forms in the Rules of Superintendence for the Courts of Ohio (Forms 3, 17.5, 17.7, 18.0, 18.6, 18.7, and 19.0 and new Forms 27.0 through 27.12) were adopted by the Supreme Court of Ohio. The history of these amendments is as follows:

May 23, 2016	Initial publication for comment
February 7, 2017	Final adoption by conference
March 1, 2017	Effective date of amendments

## **RULES OF SUPERINTENDENCE FOR THE COURTS OF OHIO**

### **RULE 67. Estates of Minors of Not Less Than Twenty-Five Thousand Dollars.**

(A) Each application relating to a minor shall be submitted by the parent or parents or by the person having custody of the minor and shall be captioned in the name of the minor.

(B) Each application shall indicate the amount of money or property to which the minor is entitled and to whom such money or property shall be paid or delivered. Unless the court otherwise orders, if no guardian has been appointed for either the receipt of an estate of a minor or the receipt of a settlement for injury to a minor, the attorney representing the interests of the minor shall prepare an entry that orders all of the following:

- (1) The deposit of the funds in a financial institution in the name of the minor;
- (2) Impounding the principal and interest;
- (3) Releasing the funds only upon an order of the court or to the minor at the age of majority.

(C) The entry shall be presented at the time the entry dispensing with appointment of a guardian or approving settlement is approved. The attorney shall be responsible for depositing the funds and for providing the financial institution with a copy of the entry. The attorney shall obtain a Verification of Receipt and Deposit (Standard Probate Form 22.3) from the financial institution and file the form with the court within seven days from the issuance of the entry.

#### **Commentary (October 1, 1997)**

This rule is analogous to former C.P. Sup. R. 35. The title of the rule has been amended to include only the estates of minor wards, since the substantive rules even under former C.P. Sup. R. 35 only spoke of minors. The amended title is more descriptive of the subject matter covered by the rule.

Division (A) has been amended to delete any reference to one application being permitted to be filed on behalf of all minors of the same parent. This amendment is to reflect local practice whereby a separate application and corresponding case number is required for each minor ward. The rationale for the amendment is that the amount of funds received and the dates of majority are rarely the same for each ward. The remainder of the amendments to this division are grammatical and not substantive.

Divisions (B) and (C) set forth the requirements of the judgment entry counsel presents to the court for estates of minors less than \$10,000. The words "unless the court otherwise orders" has been added in division (B) to alert counsel to the fact that specific circumstances or local court rule may alter these requirements. In addition, the former version of the rule required the attorney to deposit all funds within seven days of the approval of the entry and to obtain a receipt from the financial institution. As amended the rule requires the receipt to be filed with the court within seven days of the issuance of the entry and references the uniform form number of the receipt. The term "bank" has been changed to "financial institution" to reflect the term utilized in Title XI of the Revised Code and to recognize that funds are invested in institutions other than banks.

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, JUDGE

ESTATE OF \_\_\_\_\_, DECEASED

CASE NO. \_\_\_\_\_

**APPOINTMENT OF APPRAISER**

[R.C. 2115.02 & R.C. 2115.06]

The fiduciary / applicant appoints \_\_\_\_\_ to appraise those assets of decedent's estate which do not have readily ascertainable value, and asks the Court to approve the appointment. Subject to Court approval on the amount of such compensation, the fiduciary agrees to pay the appraiser reasonable compensation for the services as part of the expenses of administering the estate.

The fiduciary / applicant will use the valuation of the real property by the County Auditor.

**CERTIFICATION**

The fiduciary / applicant hereby certifies that the appraiser appointed above is qualified in accordance with the Local Rules of Court

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fiduciary / Applicant

**ENTRY APPROVING APPRAISER / ENTRY SETTING HEARING**

The application is hereby approved.

The Court sets \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_M. as the date and time for hearing the above appointment of appraiser.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probate Judge

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, JUDGE

GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

**JUDGMENT ENTRY**

**APPOINTMENT OF GUARDIAN FOR INCOMPETENT PERSON**  
[R.C 2111.02 and Sup.R. 66.04 and 66.06]

Upon hearing the application for appointment of guardian herein, the Court finds that \_\_\_\_\_, the above-named Ward, is incompetent by reason of \_\_\_\_\_ and therefore is incapable of taking proper care of \_\_\_\_\_ self and \_\_\_\_\_ property, and that a guardianship is necessary.

The Court further finds that all persons who were entitled to notice of the hearing thereon were given or waived notice thereof; that the incompetent is a resident of this county or has legal settlement herein; and that this Court has jurisdiction.

It is therefore ordered that a (limited) guardian of the (person and estate) be appointed.

The Court therefore appoints \_\_\_\_\_, a suitable and competent person, (limited) guardian of the (person and estate) of \_\_\_\_\_, the above-named Ward, incompetent, with the powers conferred as described, and limited to those powers contained in the Letters of Guardianship issued by this Court. This appointment is in compliance with R.C. 2111.09.

- The Court approves/dispenses with the bond.
- The Court finds a record of the hearing was waived.

The Guardian shall comply with the requirements of Sup.R. 66.06.

The Court orders Letters of Guardianship issue to \_\_\_\_\_ as provided by law.

The Court further ORDERS: \_\_\_\_\_

IT IS SO ORDERED

\_\_\_\_\_  
Date

\_\_\_\_\_  
PROBATE JUDGE

**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**

**IN THE MATTER OF THE ADOPTION OF \_\_\_\_\_**  
(Name after adoption)  
**CASE NO. \_\_\_\_\_**

**PETITION FOR ADOPTION OF MINOR**  
**[R.C. 3107.05]**

The undersigned petitions to adopt \_\_\_\_\_,  
a minor, and to change the name of the minor to \_\_\_\_\_.

**PETITIONER**

The petitioner states the following:

Full Name: \_\_\_\_\_ Age \_\_\_\_\_

Full Name: \_\_\_\_\_ Age \_\_\_\_\_

Place of Residence: \_\_\_\_\_  
Street Address

Post Office \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Duration of residence \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date and Place of Marriage: \_\_\_\_\_

Relationship of Minor to Petitioner: \_\_\_\_\_

The petitioner has facilities and resource suitable to provide for the nurture and care of the minor and it is the desire of the petitioner to establish the relationship of parent and child with the minor.

**MINOR TO BE ADOPTED**

Birth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Property and Value: \_\_\_\_\_

The minor is living in the home of the petitioner, and was placed therein for adoption on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

The minor is not living in the home of the petitioner, and resides at \_\_\_\_\_  
\_\_\_\_\_.

A certified copy of the birth certificate of the minor is filed with this petition or is not available due to the following:  
\_\_\_\_\_  
\_\_\_\_\_.

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. Attached is Ohio Department of Jobs and Family 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).

\_\_\_\_\_  
\_\_\_\_\_



**CASE NO.** \_\_\_\_\_

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Attorney Registration No.

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number (include area code)

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, JUDGE

IN THE MATTER OF THE ADOPTION OF \_\_\_\_\_  
(Name after adoption)

CASE NO. \_\_\_\_\_

**FINAL DECREE OF ADOPTION**

(After Interlocutory Order)

[R.C. 3107.14]

The Court finds that the minor has now lived in the home of the petitioner, \_\_\_\_\_  
\_\_\_\_\_ for at least six months;  
that a further report of the assessor has been filed and is approved; that the adoption is in the best  
interest of the minor being adopted; that the accountings, as required, have been filed, reviewed and  
approved; and that the minor is an adopted person.

It is therefore ordered that the Petition for Adoption is granted, and that the name of the minor  
is changed to \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probate Judge

**PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO**  
**\_\_\_\_\_, JUDGE**

**IN THE MATTER OF THE ADOPTION OF \_\_\_\_\_**  
(Name after adoption)

**CASE NO. \_\_\_\_\_**

**FINAL DECREE OF ADOPTION**  
**(Without Interlocutory Order)**  
**[R. C. 3107.13, 3107.14, and 3107.19]**

This day this matter came on to be heard on the petition of \_\_\_\_\_  
\_\_\_\_\_ for the adoption and change of name of the minor being  
adopted.

The Court finds that notice has been given to all parties; that all consents have been filed or have been found not required; that the allegations in the petition are true; that the minor has been lawfully placed in the home of the petitioner; that the minor has lived in the home of the petitioner for six months as required by law; that a report of the assessor has been filed and is approved; that the adoption is in the best interest of the minor being adopted; that the accountings, as required, have been filed, reviewed and approved, and that the minor is an adopted person.

It is therefore ordered that the Petition for Adoption is granted, and that the name of the minor is changed to \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probate Judge

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE MATTER OF THE ADOPTION OF \_\_\_\_\_  
(Name after adoption)

CASE NO. \_\_\_\_\_

**PETITION FOR ADOPTION OF ADULT**  
[R.C. 3107.02]

The undersigned respectfully petitions the court for permission to adopt \_\_\_\_\_  
an adult and to have the adult's name changed to \_\_\_\_\_.

The Petitioner may adopt because the adult:

- is totally and permanently disabled.
- is determined to be a person with an intellectual disability.
- had established a child-foster caregiver, kinship caregiver, or child-stepparent relationship with the petitioner as a minor.
- was, at the time of the adult's eighteenth birthday, in the permanent custody of or in a planned permanent living arrangement with a public children services agency or a private child placing agency
- is the child of the spouse of the petitioner

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Attorney Registration No.

**ENTRY**

This cause is set for hearing on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
at \_\_\_\_\_ o'clock \_\_\_\_\_.m.

\_\_\_\_\_  
PROBATE JUDGE

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

**NOTICE TO GUARDIAN-SUBMISSION OF  
COMMENTS OR COMPLAINTS**  
[Sup.R. 66.03(B)(2)]

You are hereby notified that this Court has received the attached comments/complaints regarding your performance as Guardian of the Person/Estate of the above-named Ward. The Court will consider these comments or complaints, notify you of their disposition, and inform you if a hearing is necessary.

[Attach copy of comments or complaints.]

\_\_\_\_\_  
Probate Judge

By: \_\_\_\_\_  
Deputy Clerk

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

**NOTICE TO GUARDIAN AND MAKER OF COMMENTS OR COMPLAINTS-  
DISPOSITION OF COMMENTS OR COMPLAINTS**

[Sup.R. 66.03(B)(5)]

You are hereby notified that this Court has received comments or complaints regarding the Guardian's performance in this case. The Court has considered the comments or complaints and will maintain them in the Court's records. The Court has determined that:

a hearing is not necessary and no further action will be taken at this time.

a hearing is necessary and is scheduled for \_\_\_\_\_ at

\_\_\_\_\_ .m. at \_\_\_\_\_

\_\_\_\_\_

other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Probate Judge

By: \_\_\_\_\_  
Deputy Clerk

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

**NOTIFICATION OF COMPLIANCE WITH  
GUARDIAN EDUCATION REQUIREMENTS**  
[Sup.R. 66.06 and 66.07]

The undersigned, currently serves as the Guardian of the above-named Ward, and hereby reports to the Court that I have successfully completed:

- the guardian fundamentals course pursuant to Sup.R. 66.06; or
- the continuing education course pursuant to Sup.R. 66.07

Title of Course: \_\_\_\_\_

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

Location of Course: \_\_\_\_\_

Education Provided by: \_\_\_\_\_

[Attach certificate of completion if applicable.]

\_\_\_\_\_  
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. \_\_\_\_\_

**NOTICE OF/APPLICATION FOR CHANGE OF ADDRESS**  
[Sup.R. 66.08(E)]

Guardian's New Address: \_\_\_\_\_

Guardian's Old Address: \_\_\_\_\_

Ward's New Address: \_\_\_\_\_

Ward's Old Address: \_\_\_\_\_

New Telephone Number: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
[Attach additional pages if necessary.]

Please choose one:

\_\_\_\_\_ This change in placement IS NOT to a more restrictive setting and therefore the Court's approval is not required.

\_\_\_\_\_ This change in placement IS to a more restrictive setting and therefore the Court's approval is needed. The change in placement has not yet occurred.

\_\_\_\_\_ This change in placement IS to a more restrictive setting and therefore the Court's approval is needed. The change in placement, however, has already occurred because any delay in authorizing the change in placement would have affected the health and safety of the ward.

\_\_\_\_\_  
Guardian's Printed Name

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Telephone Number (include area code)



PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

**ENTRY ON APPLICATION TO CHANGE ADDRESS  
OF THE WARD**

This cause came to be heard on the application of the guardian of the above-named Ward. Based on the information/testimony presented, the Court hereby finds that it is in the best interest of the ward that the application is  APPROVED  DENIED. Therefore, the Court ORDERS that the Application to Change the Address of the Ward is  APPROVED  DENIED and the ward  SHALL  SHALL NOT be removed from the current residence.

THE COURT FURTHER ORDERS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IT IS SO ORDERED.

\_\_\_\_\_  
Probate Judge

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, JUDGE

**ANNUAL REGISTRATION  
GUARDIAN WITH TEN OR MORE WARDS**

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

I, the undersigned, currently serve as the Guardian to ten or more wards.

The wards I currently serve are the following:

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

[Attach additional pages if necessary.]

Guardian's current information is the following:

\_\_\_\_\_  
Guardian's Printed Name

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Street

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
E-mail

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

**GUARDIAN WITH TEN OR MORE WARDS  
ANNUAL FEE SCHEDULE**  
[Sup.R. 66.05 (B)(3)]

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

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

[Attach additional pages if necessary.]

\_\_\_\_\_  
Attorney for Guardian

\_\_\_\_\_  
Guardian's Printed Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
City            State            Zip Code

\_\_\_\_\_  
Street

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
City            State            Zip Code

\_\_\_\_\_  
Attorney Registration No.

\_\_\_\_\_  
Telephone Number (include area code)

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.

Attached is the Individual Service Plan (ISP) through the county board of development disabilities.

**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.)

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**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.)

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[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)

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**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.)

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Attach additional pages if necessary]

\_\_\_\_\_  
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. \_\_\_\_\_

### APPLICATION TO TERMINATE GUARDIANSHIP

PERSON ONLY       ESTATE ONLY       PERSON AND ESTATE

Now comes the guardian of the above-named Ward and represents to the Court that the guardianship should be terminated for the following reason: **[check appropriate box]**

The Ward is over 18 years of age. The Ward's date of birth is \_\_\_\_\_.

The Ward is now deceased. The Ward's date of death is \_\_\_\_\_.

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Therefore, the applicant requests the Court to terminate the guardianship  of the person only,  of the estate only,  of the person and estate.  The guardian request a reasonable period of time to file a final account.

Consent if applicable:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Guardian's Signature

### ENTRY

Upon consideration of the guardian's application to terminate the guardianship, the Court finds that there is no further need for the guardianship to remain open. Therefore, it is ordered that the guardianship be terminated forthwith.  The guardian shall file a final account by \_\_\_\_\_  Guardianship of the person only to continue with Letters of Authority issued forthwith.

**CASE NO.** \_\_\_\_\_

The Court further ORDERS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Probate Judge



PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

**NOTIFICATION OF GUARDIAN'S RECEIPT OF FEES  
OTHER THAN THROUGH GUARDIANSHIP**  
[Sup.R. 66.08(J)(2)]

The undersigned currently serves as the Guardian of the above-named ward. I hereby report to the Court the receipt of the following fees not set forth in Sup.R. 73 covering Guardian's Compensation:

Fee Amount: \_\_\_\_\_

Source of Fee: \_\_\_\_\_

Entity Reviewing and Authorizing Payment of the Above Fee:

\_\_\_\_\_  
Name of Entity

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

[Attach additional pages if necessary.]

\_\_\_\_\_  
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. \_\_\_\_\_

**NOTIFICATION OF WARD'S IMPORTANT LEGAL PAPERS**  
[Sup.R. 66.08 (L)]

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

The Ward is known to have:

- Will(s)
- Other Estate Planning Documents
- Advance Directives
- Powers of Attorney
- Contract for Prearranged Funeral
- Other \_\_\_\_\_

Location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
[Attach additional pages if necessary.]

\_\_\_\_\_  
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.: \_\_\_\_\_

**RECEIPT**  
[R.C. 2111.011]

I hereby acknowledge receipt of the Guardian's Guidebook.

\_\_\_\_\_  
Guardian's Printed Name

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Street

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
City                      State                      Zip Code