

PROBATE COURT OF WARREN 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)
---	---

(Knowingly giving false information on a Probate document is a criminal offense)
[R.C. 2921.13(A)(11)]

PROBATE COURT OF WARREN COUNTY, OHIO

_____, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

BIENNIAL 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.

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 WARREN COUNTY, OHIO

_____, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

BIENNIAL 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