



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

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

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

\_\_\_\_\_  
Street

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

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

\_\_\_\_\_  
Street

\_\_\_\_\_  
Phone Number

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

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

\_\_\_\_\_  
Phone Number

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

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