## PROBATE COURT OF HURON COUNTY, OHIO TIMOTHY L. CARDWELL, JUDGE

GUAF	RDIANS	HIP OF										
CASE	NO											
								EPOR . 66.05(B)				
NOTE		1	-	-					' in the space and add appropriate tion requested for that space.			
1. Th	is is the	(circle one):	$1^{\text{st}}$ $2^{\text{nd}}$	3 <sup>rd</sup>	4 <sup>th</sup>	$5^{th}$	$6^{th}$	or	Guardian's Report.			
2. Wa	ard's pre	sent address: _										
		(	City						State			
2 W	nd'a livi								)			
3. Ward's living arrangements at the above address are best described as:												
_	<ul><li>] a. His or her own apartment or home (includes assisted living facilities).</li><li>] b. Private home or apartment of:</li></ul>											
□ 0.		1										
	. ,	the ward's gua										
	□ (2)											
_					S							
		r, group or boa	rding ho	me.								
	d. A nursing home											
□ e.	e. A medical facility or state institution.											
□ f.	Other (	describe)										
□ g.	If <b>c, d,</b>	, 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.	Indefini	Indefinitely.										
□ b.	Tempor	emporarily. The new address and telephone number is:										
	□ (1) □ (2)	<ol> <li>Unknown, I will provide this information when known.</li> <li></li></ol>										
									State			
		Zip Telephone ()										

FORM 17.7 - GUARDIAN'S REPORT

		CASE NO										
			ntact with the ward during the period covered by this									
	<ul><li>report:</li><li>b. The nature of those contacts (phone, personal, or other)</li></ul>											
	Date the ward was last seen by the guardian:											
	Have you observed any <b>major</b> change in the ward's physical or mental condition during the period covered by this report?											
	The care given to the ward is If "Not Adequate" is checked, explain.	Adequa	nte 🗌 No	Not Adequate								
	The guardianship should be	] Contin	ued 🗆 No									
	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											
11.	<ul> <li>□ I have completed the continuing education</li> <li>□ The continuing education requirement was</li> </ul>	requirem		f Completion if applicable)								
team	ched is a statement by a licensed physician, a licensed clini that has evaluated or examined the ward within three month dianship. [R.C. $2111.49(A)(1)(I)$ ] (Form 17.1)											
	n attorney has been consulted on this report:	Date: _										
Att	orney for Guardian	-	Guardian's Printed Name	2								
Stre	eet	-	Guardian's Signature									
City	y, State, Zip Code	-	Street									
Pho	one Number	-	City, State, Zip Code									
Atte	[R	R.C. 2921.13(A)	Phone Number ate document is a criminal offense.) ((11)] N'S REPORT	Amended: March 1, 2017 Discard all previous versions of this form								