

PROBATE COURT OF HURON COUNTY, OHIO

TIMOTHY L. CARDWELL, 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)]**