

PROBATE COURT OF UNION COUNTY, OHIO
CHARLOTTE C. EUFINGER, 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 (____) _____

CASE NO. _____

- 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: _____ Date _____

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)

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