

PROBATE COURT OF _____ COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

GUARDIAN'S REPORT

[R.C. 2111.49]

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 _____ Telephone (____) _____

- 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 _____ Telephone (____) _____

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 giver 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 _____

Attached is a statement by a licensed physician, a licensed clinical psychologist, a licensed social worker, or a mental retardation 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's Signature

Guardian's Signature

(Type or Print Attorney's Name)

(Type or Print Guardian's Name)

(Street)

(Street)

(City, State, Zip Code)

(City, State, Zip Code)

(_____) _____
Telephone Number Supreme Court Registration No.

(_____) _____
Telephone Number