

**IN THE COURT OF COMMON PLEAS, UNION COUNTY, OHIO
PROBATE DIVISION**

STATEMENT OF ADDITIONAL INFORMATION

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

1. INFORMATION CONCERNING THE PROSPECTIVE GUARDIAN/APPLICANT:

A. Name and AKA _____
Home Address _____
City, State, Zip Code _____
Telephone: Home _____ Work _____
D.O.B. _____ Relationship to Alleged Incompetent _____
Do you currently act as any of the following for the proposed ward?
 Physician Attorney Landlord Caregiver Custodian
 Creditor Power of Attorney Durable Power of Attorney for Health Care
Occupation _____
Work Address _____
City, State, Zip Code _____

2. INFORMATION CONCERNING THE ALLEGED INCOMPETENT:

A. Full Name and AKA _____
Age _____ Date of Birth _____ Male Female
Legal settlement or residence _____
City, State, Zip Code _____
In _____ County, Ohio Telephone Number _____
Length of time at that residence _____

B. If the alleged incompetent is living at an address different from the residence shown in Section 2-A above, list that address. _____

C. Name of person, other than alleged incompetent, who may be contacted at the address where the alleged incompetent is living. _____
Telephone Number _____ Best time to call _____

D. In the event of the death or incapacity of the applicant/guardian, the Court should contact the nearest friends or relatives whose names and addresses are:

Name _____ Relationship to Ward _____
Address _____
City, State, Zip Code _____
Telephone Number: _____

Name _____ Relationship to Ward _____
Address _____
City, State, Zip Code _____
Telephone Number: _____

Name _____ Relationship to Ward _____
Address _____
City, State, Zip Code _____
Telephone Number: _____

3. FURTHER INFORMATION CONCERNING THE ALLEGED INCOMPETENT

A. The present guardian is: (if "none" so state)

Name _____
Address _____

Are any of the following less intrusive measures in place?

- Living will Durable power of attorney Power of Attorney
 Limited guardianship Conservatorship Representative payee
 Health care durable power of attorney

B. Describe the prospective ward's alleged mental and/or physical incompetency.

C. The applicant believes the proposed ward should retain the following rights, if any:

- None Vote Marry Contract Execute a will
 Obtain driver's license/drive a vehicle Hold or convey property
 Other: (please specify) _____

D. Indicate names of any/all physicians and other related professionals who have treated or counseled the prospective ward within the last two years.

E. To the best of your ability, list prescriptions and/or over the counter medication taken by the prospective ward.

F. List any problems the alleged incompetent may have in communicating.

G. List all agencies, public or private, which have knowledge of the alleged incompetent which may be of assistance in determining the need for the guardianship. Indicate the contact person(s) at the agencies.

H. If applicant is considering protective placement, complete the following:

I. The proposed ward suffers from the following disabilities:

Infirmities of aging Chronic mental illness

Developmentally disabled Substance Abuse

II. The proposed ward has a primary need for residential care and custody because:

III. The proposed ward is totally incapable of providing for his/her own care or custody so as to create a substantial risk of serious harm to himself/herself for others.

a. The anticipated least restrictive placement for the proposed ward is:

b. An unlocked unit A locked unit is most appropriate.

I. Is there currently, or has there ever been, an order for child support through a divorce court or juvenile court? If so, what county & state:

Case Number: _____

I hereby certify that all of the information and statements with this application and attached documents are correct to the best of my knowledge and belief.

Applicant's signature

Applicant's printed name

Date