

**PROBATE COURT OF COSHOCTON COUNTY, OHIO
VAN BLANCHARD II, JUDGE**

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

**STATEMENT OF EXPERT EVALUATION ADDENDUM
NO KNOWN APPLICANT FOR GUARDIANSHIP**

[Must be submitted with any Statement of Expert Evaluation filed at Coshocton County Probate Court where there is no known applicant for Guardianship.]

The Guardianship process begins with the filing of an Application for Appointment of Guardian ([OSC form 17.0](#)) accompanied by a Statement of Expert Evaluation. If you have a Statement of Expert Evaluation completed by a Physician, Psychologist, or Nurse Practitioner that indicates a Guardianship is recommended but cannot locate, after a diligent effort, a suitable applicant, this form must be completed and filed simultaneously with the Statement of Expert Evaluation in Probate Court.

NOTE: Only Statements of Expert Evaluation and Affidavit containing an original signature will be accepted for filing.

- 1) Please list any next of kin or other interested party and contact information that you may know:

Name

Address

City/State/Zip Code

Phone number(include area code)

Other Contact Information

Name

Address

City/State/Zip Code

Phone number(include area code)

Other Contact Information

- 2) Please state what efforts have been made to locate next of kin to make an Application For Appointment of Guardian: _____

- 3) Are you aware of any advance directives executed by the potential ward? _____
If so, please list below and provide a copy: _____

4) If any advance directives exist, please explain why they are not being utilized as a lesser restrictive alternative to Guardianship: _____

AFFIDAVIT

**STATE OF OHIO
COUNTY OF COSHOCTON, SS:**

I, _____, being first duly sworn and cautioned, do hereby state to Coshocton Probate Court that the statements made in the above Statement of Expert Evaluation Addendum No Known Applicant For Guardianship are true and accurate to the best of my knowledge.

Sworn and subscribed in my presence by _____ this _____ day of _____, 20__.

(Notary Seal)

Notary Public

My Commission Expires: _____