PROBATE COURT OF COSHOCTON COUNTY, OHIO **JASON W. GIVEN, JUDGE**

IN THE MATTER OF THE GUARDIANSHIP OF	
CASE NO.	

APPLICATION FOR APPOINTMENT OF GUARDIAN OF ALLEGED INCOMPETENT

[R.C. 2111.03]
Applicant represents to the Court that resides or has a legal settlement
at in Coshocton County, Ohio and that the prospective ward is
incompetent by reason of (R.C. 2111.01 (D))
The proposed ward's date of birth is
A statement of Expert Evaluation is attached. (Form 17.1)
A list of Next of Kin of Proposed Ward is also attached. (Form 15.0)
The whole estate of the prospective ward is estimated as follows:
Personal property\$
Real Estate\$
Annual rents \$
Other annual income\$
Applicant represents that the applicant is not an administrator, executor or other fiduciary of the estate wherein the alleged incompetent is interested.
Applicant offers the attached bond in the amount of \$
Applicant further represents that a guardian of the alleged incompetent is necessary in order that the \square -ward; \square -ward's property may be taken proper care of and asks that a guardian be appointed.
TYPE OF GUARDIANSHIP APPLIED FOR IS [check the applicable boxes]
□-non-limited; □-limited; □-person and estate; □-estate only; □-person only
If limited guardianship is applied for, the limited powers requested are

FORM 17.0 - APPLICATION FOR APPOINTMENT OF GUARDIAN (AN ALLEGED INCOMPETENT)

		97.99 - 77.9		
	The time period requested is □-indefinite; □-definite to			
	Applic	pplicant's relationship to alleged incompetent is		
	involv	applicant has / has not (please circle one) been charged with or convicted of a ing theft, physical violence, or sexual, alcohol or substance abuse except as plicable, state date and place of each charge or each conviction.)		
		The Applicant represents that a guardian has been nominated in a writing pursuant to R.C. 1337.09(D) or R.C. 2111.121. The nominated person is		
		The nominated person's contact information is listed on Form 15.0 (Next of Kin).		
		A copy of the document which nominates the guardian is attached.		
		The Applicant represents that the proposed ward had military service.		
		Military I.D.:		
		Branch of service:		
		Dates of service:		
		Applicant represents that the address provided is the applicant's permanent address and acknowledges the requirement that the court be notified of any change of address. Removal may result from a failure to comply with this requirement.		
Attorney	for Applica	ant Applicant		
Type or p	print name	Type or print name		
Address		Age		
City, Sta	te and Zip	Permanent Address		
Telephor	ne number	(include area code) City, State and Zip		

CASE NO.

Telephone number (include area code)

Attorney Registration No.