

**COSHOCTON COUNTY PROBATE COURT**  
426 Main Street  
Coshocton, OH 43812  
(740) 622-1837

Forms are available online at <http://www.coshoctoncounty.net/agency/probate/forms.php>

**Guardianship Application Filing Checklist**

I. Initial Filings

- Court Costs: \$350.00 filing fee<sup>1</sup>
- Application for Appointment of Guardian of incompetent (Form 17.0)
  - Applicant Consent and OHLEG Release Forms [Local Rule 57.15]
  - Criminal background check
  - Copies of proposed ward's Power of Attorney or Health Care Power of Attorney currently in force.
  - Guardian's Bond Form 15.3 [Local Rule 66.1 (I)] (Estate Only)
- Next of Kin of Proposed Ward (Form 15.0)
- Affidavit of Guardian Applicant
- Judgment Entry Setting Hearing on Application for Appointment of Guardian (Form 15.01)
- Notice to Prospective Ward of Application and Hearing (Form 17.3)
- Waiver of Notice and Consent (Form 15.1)
- All parties listed on the Next of Kin of Proposed Ward (Form 15.0), who are Ohio residents, must either sign this Consent (see Form 15.1) or be served notice (see Form 17.4)
- Notice of Hearing for Appointment of Guardian of Alleged Incompetent (Form 17.4) (if applicable)
- Statement of Expert Evaluation (Form 17.1), including the Supplement for Emergency Guardianship of Person (Form 17.1a) for Emergency applications
  - **Original signature required**
- Fiduciary's Acceptance (Form 15.2)

II. Post-Appointment Filings

- Guardian's Inventory, due 3 months following the date of Appointment of Guardian (Form 15.5) (Estate Only) [Local Rule 66.1(A)]
  - Waivers or Notice from Next of Kin (Local Rule 66.1(A))
  - Certificate of Service on Inventory Hearing (Local Rule 66.1(A))
- Guardian's Account, due annually following the date of Appointment of Guardian (Form 15.5)(Estate Only) [Local Rule 64.5(B)]
  - All Court costs must be paid current
  - Waivers or Notice from Next of Kin [Local Rule 75.2(C)]
  - Certificate of Service of Account [Local Rule 75.2(A)]
  - Bank Certificate Form 15.81 [Local Rule 64.3]
  - Acceptable Vouchers [Local Rule 64.6]
- Guardian's Report, due 6 months following the date of Appointment of Guardian, then annually thereafter (Form 17.7)
  - Annual Plan, supplement to Guardian's Report (Form 17.7S)
- Application to Release Funds to Guardian (Form 15.6) (Estate Only)
- Application for Authority to Expend Funds (Form 15.7) (Estate Only)

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<sup>1</sup> If you believe the prospective ward is indigent, you may file a Financial Disclosure/Affidavit of Indigence form, which will waive the filing fee. A determination of indigence will be made at the Appointment Hearing.

**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 -ward; -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 \_\_\_\_\_

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

CASE NO. \_\_\_\_\_

The time period requested is -indefinite; -definite to \_\_\_\_\_.

Applicant's relationship to alleged incompetent is \_\_\_\_\_.

The Applicant has / has not (please circle one) been charged with or convicted of a crime involving theft, physical violence, or sexual, alcohol or substance abuse except as follows (if applicable, 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 Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Permanent Address

\_\_\_\_\_  
Telephone number (include area code)

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Attorney Registration No.

\_\_\_\_\_  
Telephone number (include area code)

**FORM 17.0 – APPLICATION FOR APPOINTMENT OF GUARDIAN**

**(AN ALLEGED INCOMPETENT)**

Puritas Springs Software

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

- TRANSFER OF STRUCTURED SETTLEMENT OF** \_\_\_\_\_
- TRANSFER OF MINOR SETTLEMENT OF** \_\_\_\_\_
- GUARDIANSHIP OF** \_\_\_\_\_
- NAME CHANGE OF** \_\_\_\_\_
- ESTATE OF** \_\_\_\_\_
- TRUST OF** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**CONSENT AND RELEASE**

I hereby give consent and permission to the Coshocton County Probate Court to obtain all information pertaining to me in the files of The Ohio Courts Network and/or Ohio Law Enforcement Gateway (OHLEG) for the purposes of the above captioned matter.

I hereby release The Ohio Courts Network, OHLEG and any and all of their employees, personnel, and other individuals providing information pursuant to this request from all liability in connection with the dissemination of such information to the Court.

Further, I executed an Applicant Information Form and I have been advised that this information will not be made public. However, the information received from the Ohio Courts Network and/or OHLEG may be made part of the Court's case record and a public document after notice and an opportunity for a hearing has been given to me.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

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

- TRANSFER OF STRUCTURED SETTLEMENT OF \_\_\_\_\_
- TRANSFER OF MINOR SETTLEMENT OF \_\_\_\_\_
- GUARDIANSHIP OF \_\_\_\_\_
- NAME CHANGE OF \_\_\_\_\_
- ESTATE OF \_\_\_\_\_
- TRUST OF \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**APPLICANT INFORMATION**  
(PLEASE PRINT OR TYPE NEATLY)

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_  
Home # Work # Cell #

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

**THIS FORM IS NOT A PUBLIC RECORD AND WILL NOT BE MAINTAINED WITH THE CASE FILE  
IMAGED ON THE COURT'S WEBSITE.**

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

**IN THE MATTER OF THE GUARDIANSHIP OF** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**AUTHORIZATION FOR DETERMINATION OF CRIMINAL BEHAVIOR**

The undersigned, \_\_\_\_\_, having made application to the Common Pleas Court of Coshocton County, Ohio, Probate Division for appointment as guardian/conservator in Case \_\_\_\_\_, hereby authorizes the Probate Court of this County to obtain a background check for any prior or existing criminal behavior through any law enforcement agency or private investigation firm.

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature(s)

**PLEASE RETURN TO PROBATE COURT**

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

**IN THE MATTER OF THE GUARDIANSHIP OF** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**NEXT OF KIN PROPOSED WARD**

[R.C. 2111.04]

**(NOTE: Specify age and birth date of each minor under 16 on the line containing the minor's name. List the name and address of the minor's parent, guardian or custodian on the name and address lines following the minor's address.)**

	<b>Service Waived</b>	<b>Relationship</b>	<b>Birth Date Of Minor</b>
1.	<input type="checkbox"/> Name _____ Address _____	_____	Zip _____
2.	<input type="checkbox"/> Name _____ Address _____	_____	Zip _____
3.	<input type="checkbox"/> Name _____ Address _____	_____	Zip _____
4.	<input type="checkbox"/> Name _____ Address _____	_____	Zip _____
5.	<input type="checkbox"/> Name _____ Address _____	_____	Zip _____
6.	<input type="checkbox"/> Name _____ Address _____	_____	Zip _____
7.	<input type="checkbox"/> Name _____ Address _____	_____	Zip _____
8.	<input type="checkbox"/> Name _____ Address _____	_____	Zip _____
9.	<input type="checkbox"/> Name _____ Address _____	_____	Zip _____
10.	<input type="checkbox"/> Name _____ Address _____	_____	Zip _____

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant

STATE OF OHIO )  
 )  
COUNTY OF COSHOCTON ) SS:

**AFFIDAVIT OF GUARDIAN APPLICANT**

I, \_\_\_\_\_ affirm the following:  
(Name)

I have no pending misdemeanor or felony cases and have not been convicted of or pleaded guilty to any misdemeanor or felony offense; **OR**

I have pending misdemeanor or felony cases or have been convicted of or pleaded guilty to a misdemeanor or felony offense. *(List below any pending cases or convictions that have not been sealed pursuant to R.C. 2953.31-2953.62.)*

DATE	TYPE OF CHARGE	COURT NAME	PENDING / CONVICTED / PLEADED GUILTY
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty

I understand that I have a duty to notify \_\_\_\_\_ within seventy-two  
(Court Name)  
hours if the information contained in this affidavit should change.

\_\_\_\_\_  
Signature of Applicant

SWORN TO, BEFORE ME, and subscribed in my presence, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public / Deputy Clerk

\_\_\_\_\_  
Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_  
(Affix seal here)



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

**IN THE MATTER OF THE GUARDIANSHIP OF** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**WAIVER OF NOTICE**

We, the undersigned, do each of us hereby waive the issuing and service of notice, and voluntarily enter our appearance herein.

We do hereby consent to the appointment of \_\_\_\_\_ or some suitable person as guardian of \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_**

**CASE NO. \_\_\_\_\_**

**FIDUCIARY'S ACCEPTANCE**

**GUARDIAN**

[R.C. 2111.14]

I, the undersigned, hereby accept the duties which are required of me by law, and such additional duties as are ordered by the Court having jurisdiction.

**AS GUARDIAN OF THE ESTATE, I WILL:**

1. Make and file an inventory of the real and personal estate of the ward within 3 months after my appointment.
2. Deposit funds which come into my hands in a lawful depository located within this state.
3. Invest surplus funds in a lawful manner.
4. Make and file an account biennially, or as directed by the Court.
5. File a final account within 30 days after guardianship is terminated.
6. Inventory any safe deposit box of the ward.
7. Preserve any and all Wills of the ward as directed by the Court.
8. Expend funds only upon written approval of the Court.
9. Make and file a guardian's report biennially, or as directed by the Court.

**AS GUARDIAN OF THE PERSON, I WILL:**

1. Protect and control the person of my ward, and make all decisions for the ward based upon the best interest of the ward.
2. Provide suitable maintenance for my ward when necessary.
3. Provide such maintenance and education for my ward as the amount of the estate justifies if the ward is a minor and has no parents, or has a parent who fails to maintain or educate him/her.
4. Make and file a guardian's report biennially, or as directed by the Court.
5. Obey all orders and judgments of the Court pertaining to the guardianship.
6. Obtain the written approval of the Court before executing a caretaker power of attorney authorized by R.C. 3109.52.

**If I change my address or the ward's address, I shall immediately notify Probate Court in writing.** I acknowledge that I am subject to removal as such fiduciary if I fail to perform such duties. I also acknowledge that I am subject to possible penalties for improper conversion of the property which I hold as such fiduciary.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fiduciary

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

**IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_**

**CASE NO. \_\_\_\_\_**

**STATEMENT OF EXPERT EVALUATION**

[Sup. R. 66 & R.C. 2111.49]

Definition of Incompetent (R.C. 2111.01(D)): "Incompetent" means any person who is so mentally impaired as a result of mental or physical illness or disability, or mental retardation, or as a result of chronic substance abuse, that the person is incapable of taking proper care of the person's self or property or fails to provide for the person's family or other persons for whom the person is charged by law to provide, or any person confined to a correctional institution within this state."

The statement of Evaluation does not declare the individual competent or incompetent, but is evidence to be considered by the Court. The fee for completing this evaluation **WILL NOT** be paid by the Probate Court. Each evaluator should secure payment from the Applicant/Guardian.

1. This Statement of Expert Evaluation is to be filed with or attached to:

- A. Guardianship Application: Completed by  Licensed Physician or  Licensed Clinical Psychologist prior to the filing and attached to the application.
  
- B. Guardian's Report: Completed by  Licensed Physician|  Licensed Clinical Psychologist  Licensed Independent Social Worker  Licensed Professional Clinical Counselor or  Mental Retardation Team. The evaluation or examination shall be completed within three months prior to the date of the Report. R.C. 2111.49
  
- C. Application for Emergency Guardian:  of the person: a Licensed Physician shall complete the Supplement for Emergency Guardian, Form 17.1A with specificity indicating the emergency, and why immediate action is required to prevent significant injury to the person. The Supplement shall be signed, dated, and attached as part of this completed Statement.

2. Statement completed by:

Name & Title/Profession: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

3. Date(s) of evaluation: \_\_\_\_\_

Place(s) of evaluation: \_\_\_\_\_

Amount of time spent on evaluation: \_\_\_\_\_

Length of time the individual has been your patient: \_\_\_\_\_

4. Is the individual presently under medication?  Yes  No If yes, what is the medication, dosage, and purpose?

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Are there any signs of physical and/or mental impairments caused by the medications themselves?

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5. Is the individual mentally impaired?  Yes  No If yes, indicate the diagnosis below.

Mental Retardation/Developmental Disabilities:

Profound  Severe  Moderate  Mild

Mental Illness: Type and Severity

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Substance Abuse: Description \_\_\_\_\_

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Dementia: Description \_\_\_\_\_

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Other: Description \_\_\_\_\_

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Please provide additional comments and test scores if available. (Continue comments on page 4):

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6. During examination did you notice an impairment of the individual's:

- |                                    |                              |                             |                                  |
|------------------------------------|------------------------------|-----------------------------|----------------------------------|
| a) Orientation                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| b) Speech                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| c) Motor Behavior                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| d) Thought Process                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| e) Affect                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| f) Memory                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| g) Concentration and comprehension | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| h) Judgment                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

7. Please describe any impairments identified in question six. (Continue comments on page 4).

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8. Is the individual physically impaired?  
 Yes  No If yes, description:

\_\_\_\_\_

9. Are there any special characteristics of the individual which should be considered in evaluating the individual for guardianship?  
 Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

10. Are there any indications of abuse, neglect or exploitation of the individual?  
 Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

11. Do you believe the individual is capable of caring for the individual's activities of daily living or making decisions concerning medical treatments, living arrangements and diet?  
 Yes  No If no, explain:

\_\_\_\_\_

12. Do you believe this individual is capable of managing the individual's finances and property?  
 Yes  No If no, explain:

\_\_\_\_\_

13. Prognosis

- A. Is the condition stabilized?  Yes  No
- B. Is the condition reversible:  Yes  No

14. In my opinion a guardianship should be:  
 Established/Continued  
 Denied/Terminated

I certify that I have evaluated the individual on \_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Evaluator

**GUARDIAN'S REPORT ADDENDUM**

(Not to be used with initial Application)

It is my opinion, based upon a reasonable degree of medical or psychological certainty, that the mental capacity of this ward will not improve.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature – Licensed Physician/Clinical Psychologist

