

**PROBATE COURT OF JEFFERSON COUNTY, OHIO**

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

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

**INFORMATION CONCERNING THE PROSPECTIVE GUARDIAN/APPLICANT**

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Relationship to Alleged Incompetent \_\_\_\_\_

Does prospective guardian/applicant act as any of the following for the prospective ward:

- \_\_\_\_ Physician      \_\_\_\_ Attorney      \_\_\_\_ Landlord      \_\_\_\_ Caregiver  
\_\_\_\_ Creditor      \_\_\_\_ Power of Attorney      \_\_\_\_ Custodian

Occupation \_\_\_\_\_

Work Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number Work: \_\_\_\_\_ Home: \_\_\_\_\_

**INFORMATION CONCERNING THE ALLEGED INCOMPETENT**

Full Name and AKA \_\_\_\_\_

Legal Settlement or residence is \_\_\_\_\_  
\_\_\_\_\_ (in Jefferson County, Ohio)

Length of time at that residence is \_\_\_\_\_

If alleged incompetent is living at an address different from the residence shown above, that address is \_\_\_\_\_  
\_\_\_\_\_

(next page..)

Name of person, other than alleged incompetent, who may be contact at the address where the alleged incompetent is living \_\_\_\_\_

Telephone No. \_\_\_\_\_

**FURTHER INFORMATION CONCERNING THE ALLEGED INCOMPETENT**

The present guardian is:

Name \_\_\_\_\_

Address \_\_\_\_\_

Are there any of the following less-intrusive measures in place?

\_\_\_\_\_ Living will

\_\_\_\_\_ Durable power of attorney

\_\_\_\_\_ Power of Attorney

\_\_\_\_\_ Health care durable power of attorney

\_\_\_\_\_ Limited Guardianship

\_\_\_\_\_ Conservatorship

\_\_\_\_\_ Representative payee

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

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

Indicate names of any physician's or other related professionals who are treating or counseling the prospective ward:

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

List any problems the alleged incompetent may have communicating:

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