

**PROBATE COURT OF MEDINA COUNTY, OHIO**  
**Judge Kevin W. Dunn**

**GUARDIANSHIP OF** \_\_\_\_\_

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

**ANNUAL PLAN FOR GUARDIANSHIP**

1. Do you plan to change the Primary Care Physician listed on the Guardian's Report?

Yes     No

If yes, please list the reason why: \_\_\_\_\_  
\_\_\_\_\_

New Physician Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

2. Is there a plan to change or add agencies/providers listed on the Guardian's Report involved with the ward's care?

Yes     No

If yes, please list the reason why: \_\_\_\_\_  
\_\_\_\_\_

Please provide the contact information of any new agencies: \_\_\_\_\_  
\_\_\_\_\_

3. Is there a plan to change the ward's placement?

Yes     No

If yes, why the change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When will the change occur? \_\_\_\_\_

Placement facility name and location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please describe the ward's participation in the following activities:

Social/Recreational: \_\_\_\_\_

Employment: \_\_\_\_\_

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

If the ward is NOT involved in activities, please explain why: \_\_\_\_\_

5. Please describe how the ward's financial needs will be met in the coming year:

6. Please list the names of any persons or entities whom the guardian has excluded or seeks to exclude from visiting or communicating with the ward.

\_\_\_\_\_  
Attorney for Guardian

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

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

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

\_\_\_\_\_  
Supreme Court Registration Number

\_\_\_\_\_  
Guardian's e-mail address, if available

Print Form