

**COURT OF COMMON PLEAS
SANDUSKY COUNTY, OHIO
PROBATE DIVISION**

EMERGENCY GUARDIANSHIP OF _____

CASE NO. _____

**APPLICATION FOR APPOINTMENT OF EMERGENCY GUARDIAN OF
ALLEGED INCOMPETENT [O.R.C. 2111.03]**

TYPE OF EMERGENCY GUARDIANSHIP APPLIED FOR IS: [check the applicable boxes]

non-limited limited person and estate estate only person only

If limited emergency guardianship is applied for, the limited powers requested are: _____

Name of Prospective Ward _____

Address of Prospective Ward _____

Prospective Ward's Date of Birth _____

Applicant's relationship to the incompetent is _____

Applicant represents that the applicant is not an administrator, executor or other fiduciary of the estate wherein the alleged incompetent is interested.

The Applicant has has not 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): _____

Applicant further represents that an Emergency Guardian of the incompetent is necessary in order that the ward ward's property may be taken proper care of and asks that a guardian be appointed.

Applicant offers the attached bond in the amount of \$ _____

The time period requested is indefinite definite to _____

CASE NO. _____

Applicant represents to the Court that _____ resides or has a legal settlement in Sandusky County, Ohio and that the ward is incompetent by reason of O.R.C 2111.01(D) _____

The Applicant represents that a guardian has been nominated in writing pursuant to ORC 1337.09(D) or ORC 2111.121. The nominated person is _____

The nominated person's information is listed on Form 15.0L (Next of Kin).

A Statement of Expert Evaluation is attached. (Form 17.1)

A list of Next of Kin of Ward is also attached. (Form 15.0)

The whole estate of the ward is estimated as follows:

Personal Property \$ _____

Real Estate \$ _____

Annual Rents \$ _____

Other annual income \$ _____

The Applicant represents the Proposed Ward had military service.

Military I.D. _____

Branch of Service _____

Dates of Service _____

Attorney for Applicant

Printed Name / Registration No.

Address

Phone

Applicant

Printed Name

Address

Phone