

**PROBATE COURT OF GEAUGA COUNTY, OHIO**  
**JUDGE TIMOTHY J. GRENDALL**

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

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

**APPLICATION FOR APPOINTMENT OF EMERGENCY GUARDIAN  
OF ALLEGED INCOMPETENT**

(R.C. 2111.02)

Applicant represents to the Court that \_\_\_\_\_ aged \_\_\_\_ years, resides or has a legal settlement at \_\_\_\_\_, in GEAUGA, County, Ohio and that the prospective ward is incompetent by reason of (R.C. 2111.01(D)):

Applicant further represents that an emergency exists and that it is reasonably certain that immediate action is required to prevent significant injury to the person or estate of the proposed ward.

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), however, applicant requests that the Court act ex parte, without notice because of the emergency existing. A detailed description of the emergency is attached hereto marked as attachment "A"

The whole estate of the prospective ward is estimated as follows:

Personal Property	\$ _____
Real Estate	\$ _____

Applicant represents that he/she/they is/are not an administrator, executor or other fiduciary of the estate wherein the alleged incompetent is interested.

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

PRESENT LOCATION OF WARD: \_\_\_\_\_

TYPE OF GUARDIANSHIP APPLIED FOR IS EMERGENCY

limited  person and estate  estate only  person only

The limited powers requested are:

The time period requested is from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_.

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

Case No. \_\_\_\_\_

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):

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Type Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zipcode

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

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

\_\_\_\_\_  
Applicant 1

\_\_\_\_\_  
Type Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zipcode

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

\_\_\_\_\_  
Applicant 2

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

\_\_\_\_\_  
Age

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zipcode

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

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**AFFIDAVIT IN SUPPORT OF MOTION OF EMERGENCY GUARDIANSHIP**

Affiant \_\_\_\_\_, having been first duly sworn, states the following emergency exists that requires the appointment of an emergency guardian:

Sworn to in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary or Deputy Clerk