

PROBATE COURT OF GEauga COUNTY, OHIO

TIMOTHY J. GRENDALL, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

GUARDIAN'S REPORT
[R.C. 2111.49 and Sup.R. 66.05(B)(2)]

NOTE: If allotted space is inadequate to respond, write "See Exhibit" in the space and add appropriate exhibit letter sequence, then attach exhibit containing information requested for that space.

- 1. This is the (circle one) 1st, 2nd, 3rd, 4th, 5th, 6th, or _____, Guardian's Report.
2. Ward's present address: _____
City _____ State _____
Zip Code _____ Telephone Number (____) _____
3. Ward's living arrangements at the above address are best described as:
[] a. His or her own apartment or home (includes assisted living facilities.)
[] b. Private home or apartment of:
[] (1) the ward's guardian
[] (2) a relative of the ward, whose name is _____
and relationship is _____
[] (3) a non-relative whose name is _____
[] c. A foster, group, or boarding home.
[] d. A nursing home.
[] e. A medical facility or state institution.
[] f. Other (describe) _____
g. If c, d, e, or f is checked, complete the following:
[] (1) The name of the home, facility, or institution _____
[] (2) The name of an individual at the home, facility, or institution who has knowledge and is authorized to give information to the court about the ward.
Name _____
Telephone Number (____) _____
4. The ward will be at the address given in Item 2:
[] a. Indefinitely.
[] b. Temporarily. The new address and telephone number is:
[] (1) Unknown. I will provide this information when known.
[] (2) _____
City _____ State _____
Zip Code _____ Telephone Number (____) _____

- 5. Guardian's contact with the ward.
 - a. Approximate number of times the guardian had contact with the ward during the period covered by this report: _____
 - b. The nature of those contacts (phone, personal, or other): _____

 - c. Date the ward was last seen by the guardian: _____

- 6. Have you observed any **major** change in the ward's physical or mental condition during the period covered by this report? Yes No
If "yes" is checked, briefly describe the changes. _____

- 7. The care given to the ward is Adequate Not Adequate
If "Not Adequate" is checked, explain. _____

- 8. The guardianship should be Continued Not Continued
If "Not Continued" is checked, explain. _____

- 9. During the period covered by this report, the ward has has not been seen by a physician. If the ward has been seen, the last date was _____ and for the purpose of _____

- 10. I currently serve as the guardian to ten or more wards and certify to the Court that I am unaware of any circumstances that may disqualify me from serving as guardian for this ward.

- 11. With regard to the continuing education requirement pursuant to Sup.R. 66.07:
 - I have completed the continuing education requirement. (Attach Certificate of Completion if applicable)
 - The continuing education requirement was waived.

Attached is a statement by a licensed physician, a licensed clinical psychologist, a licensed social worker, or a developmental disability team, that has evaluated or examined the ward within three months prior to the date of this report regarding the need for continuing the guardianship. [R.C. 2111.49(A)(1)(I)](Form 17.1)

If an attorney has been consulted on this report: _____ Name of Attorney for Guardian _____ Street _____ City State Zip Code _____ Telephone Number (include area code) _____ Attorney Registration No.	Date _____ _____ Guardian's Signature _____ Guardian's Name _____ Street _____ City State Zip Code _____ Telephone Number (include area code)
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(Knowingly giving false information on a Probate document is a criminal offense)
[R.C. 2921.13(A)(11)]