PROBATE COURT OF FRANKLIN COUNTY, OHIO

JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
THE LIMITED GUARDIANSHIP OF _____
FOR MENTAL HEALTH CARE PURPOSES

CASE NO. _____

LIMITED GUARDIANSHIP FOR MENTAL HEALTH CARE PURPOSES INFORMATION

At the time of the filing of the application for limited guardianship for mental health care purposes, you need the following:

1. A completed packet of forms - all forms must be signed in ink.

2. The original statement of expert evaluation completed and signed by a licensed physician or clinical psychologist.

3. Application fee of $199.00 (includes investigator fee) in cash, credit card (processing fee applies, the court accepts Discover, Visa and MasterCard), money order, or law firm check. No personal checks.

4. Fingerprint fee of $22.00 per applicant.

At the time of the guardianship hearing you must bring the following:

1. A hearing fee of at least $50.00.

Ohio law requires that the subject of the guardianship application, the Prospective Ward, be visited by the court investigator and personally served notice of the application for limited guardianship for mental health care purposes. The visit from the probate court investigator must be completed at least 7 days prior to the hearing date.

Franklin County Probate Court
Judge Jeffrey D. Mackey
373 South High Street, 22nd Floor
Columbus, Ohio 43215

Website: franklincountyohio.gov/probate
Guardianship Department Phone (614) 525-3841

PROBATE COURT OF FRANKLIN COUNTY, OHIO

JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
THE LIMITED GUARDIANSHIP OF _____
FOR MENTAL HEALTH CARE PURPOSES

CASE NO. _____

APPLICATION FOR APPOINTMENT OF LIMITED GUARDIAN FOR MENTAL HEALTH CARE PURPOSES

[R.C.2111.03]

1. Applicant represents to the court that _____ resides or has a legal settlement at _____ in **FRANKLIN** County, Ohio. Please describe the Prospective Ward's mental health incompetency, including any history of noncompliance with prescribed mental health treatment plans (R.C. 2111.01(D)):

2. The proposed ward's date of birth is _____.
3. A Statement of Expert Evaluation is attached. (Form PC-LG-17.1A)
4. A list of Next of Kin of Prospective Ward is also attached. (Form PC-LG-15.0)
5. Applicant represents that Applicant is not a fiduciary of an estate wherein the Prospective Ward is interested.
6. Applicant represents that a limited guardian for mental health care purposes is necessary to ensure that the Prospective Ward receives proper mental health care and treatment.
7. The time period requested for this limited guardianship is: ☐ indefinite ☐ limited to the following specific time period: _____
8. The applicant's relationship to the Prospective Ward is _____

CASE NO. _____

9. Applicant ☐ has ☐ has not been charged with, or convicted of, a crime involving theft, physical violence, or sexual, alcohol, or substance abuse. If the Applicant has been charged, or convicted, list dates and places of the charge(s) and/or conviction(s):

Charge/Conviction	Date	Place

10. Applicant represents that the Prospective Ward ☐ has ☐ has not had military service:
    a. Military ID: _____
    b. Branch of Service: _____
    c. Dates of Service: _____
11. Applicant represents that the address provided is the Applicant's permanent address and acknowledges the requirement that the court be notified of any change of address. Removal may result from failure to comply with this requirement.

Attorney's Signature	Applicant's Signature
Typed or Printed Name	Typed or Printed Name
Address	Address
City, State, Zip Code	City, State, Zip Code
Telephone Number (include area code)	Telephone Number (include area code)
Attorney's Registration No.	

PROBATE COURT OF FRANKLIN COUNTY, OHIO

JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
THE LIMITED GUARDIANSHIP OF _____
FOR MENTAL HEALTH CARE PURPOSES

CASE NO. _____

APPLICATION TO LIMIT PUBLIC RECORD ACCESS AND MAKE FILE CONFIDENTIAL

[R.C. 149.43, SUP.R. 45(E) & (F)]

Now comes the Applicant, and requests that the Court restrict public access to information in the above referenced limited guardianship for mental health care purposes pursuant to R.C. 149.43, and/or Sup.R. 45 (E) & (F), to ensure the Prospective Ward receives proper medical treatment, including proper mental health care and treatment, while remaining a productive member of the community.

_____
Date

_____
Attorney Signature (if using an attorney)

_____
Typed or Printed Attorney Name

_____
Attorney Address

_____
City, State, Zip Code

_____
Attorney Telephone Number (include area code)

_____
Attorney's Registration No.

_____
Applicant's Signature

_____
Typed or Printed Applicant's Name

_____
Applicant Address

_____
City, State, Zip Code

_____
Applicant Telephone Number (include area code)

PROBATE COURT OF FRANKLIN COUNTY, OHIO

JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
THE LIMITED GUARDIANSHIP OF _____
FOR MENTAL HEALTH CARE PURPOSES

CASE NO. _____

ENTRY SETTING HEARING

The Court orders that a hearing be set on the _____ day of _____, 20____, at _____ ___.M. to consider: (1) the Application for Appointment of Limited Guardian for Mental Health Care Purposes as filed on the _____ day of _____, 20____, and (2) the Application to Limit Public Record Access and Make File Confidential as filed on the _____ day of _____, 20____. The hearing will be held in the Franklin County Probate Court, 373 South high Street, 22nd Floor, Columbus Ohio 43215.

Date: _____

_____
Jeffrey D. Mackey
Probate Judge

_____
Print Attorney Name

_____
Attorney's Registration No.

_____
Print Applicant Name

_____
Address

_____
City, State, Zip Code

_____
Telephone Number (include area code)

PROBATE COURT OF FRANKLIN COUNTY, OHIO

JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
THE LIMITED GUARDIANSHIP OF _____
FOR MENTAL HEALTH CARE PURPOSES

CASE NO. _____

SPOUSE, CHILDREN AND NEXT OF KIN OF PROPOSED WARD

[R.C. 2111.04]

The following are Prospective Ward's spouse, children, and the lineal descendants of deceased children. If none, the following are Prospective Ward's next of kin who would be entitled to inherit under the statutes of descent and distribution.

(NOTE: Specify age and birthdate of each minor under 18 on the line containing the minor's name. List the name and address of the minor's parent, guardian or custodian on the name and address lines following the minor's address.)

	Service Waived		Date of Birth	Relationship
1.	☐	Name _____	_____	_____
		Address _____		Zip _____
2.	☐	Name _____	_____	_____
		Address _____		Zip _____
3.	☐	Name _____	_____	_____
		Address _____		Zip _____
4.	☐	Name _____	_____	_____
		Address _____		Zip _____
5.	☐	Name _____	_____	_____
		Address _____		Zip _____
6.	☐	Name _____	_____	_____
		Address _____		Zip _____
7.	☐	Name _____	_____	_____
		Address _____		Zip _____
8.	☐	Name _____	_____	_____
		Address _____		Zip _____

_____ Date

_____ Applicant's Signature

PROBATE COURT OF FRANKLIN COUNTY, OHIO

JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
THE LIMITED GUARDIANSHIP OF _____
FOR MENTAL HEALTH CARE PURPOSES

CASE NO. _____

WAIVER OF NOTICE AND CONSENT

We, the undersigned, do each of us hereby waive the issuing and service of notice, voluntarily enter our appearance herein and consent to the appointment of _____ as limited guardian for mental health care purposes.

Print Name	**Signature**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PROBATE COURT OF FRANKLIN COUNTY, OHIO

JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
THE LIMITED GUARDIANSHIP OF _____
FOR MENTAL HEALTH CARE PURPOSES

CASE NO. _____

LIMITED GUARDIAN — FIDUCIARY'S ACCEPTANCE

[R.C. 2111.13 & 2111.15]

I hereby accept the fiduciary duties which are required of me by law, and any additional duties as are ordered by the Court having jurisdiction.

AS LIMITED GUARDIAN OF THE PERSON FOR MENTAL HEALTH CARE PURPOSES, I WILL:

1. Protect and control the person of the ward, and make decisions about the mental health care treatment for the ward.
2. Abide by my duty to act in the ward's best interest.
3. Prepare and file a guardian's report annually.
4. Obey all orders and judgments of the Court touching the guardianship.
5. Authorize or approve mental health care treatment, mental health professional care, mental health counseling, or other mental health care services.
6. Notify the Court immediately in writing if my address, or contact information, changes; or the ward's address, or contact information, changes.

The duties of a fiduciary shall be those required by law, and such additional duties as the Court orders. Letters of appointment shall not issue until a fiduciary has executed this written acceptance of the fiduciary's duties, acknowledging that the fiduciary is subject to removal for failure to perform the fiduciary's duties. This written acceptance may be filed with the application for appointment.

_____ _____

Date Fiduciary's Signature

PROBATE COURT OF FRANKLIN COUNTY, OHIO

JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
THE LIMITED GUARDIANSHIP OF _____
FOR MENTAL HEALTH CARE PURPOSES

CASE NO. _____

ADULT JURISDICTION AFFIDAVIT

[R.C. 2112.01 - 2112.04]

Affiant being first duly sworn, deposes and states:

1. That the present addresses, the places where the Prospective Ward has lived within the last two years, and the names and present addresses of the person with whom the Prospective Ward has lived during that period are:

   From: _____ to _____ With _____

   At _____

   From: _____ to _____ With _____

   At _____

   From: _____ to _____ With _____

   At _____

2. Said Affiant (check one) ☐ DOES ☐ DOES NOT have information on any guardianship/conservatorship proceeding concerning the Prospective Ward pending in another court of this or another state. Said Affiant has the following knowledge regarding information set forth in this paragraph:

3. Said Affiant has a continuing duty to inform the court of any proceeding concerning the Prospective Ward in this or any other state of which the Affiant obtained information during this proceeding.

Said Affiant states that all of the foregoing statements are true.

_____
Affiant's/Applicant's Signature

Sworn to and subscribed before me a Notary Public or Deputy Clerk of the Probate Court on this _____ day of _____ , 20 ____.

_____
Notary Public/Deputy Clerk

PROBATE COURT OF FRANKLIN COUNTY, OHIO

JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
THE LIMITED GUARDIANSHIP OF _____
FOR MENTAL HEALTH CARE PURPOSES

CASE NO. _____

LIMITED GUARDIANSHIP - STATEMENT OF EXPERT EVALUATION

[Sup.R. 66 & R.C. 2111.49]

A limited guardianship for mental health care purposes is a Court ordered guardianship with specific powers limited to the mental health care treatment of a person pursuant to R.C. 2111.02(B)(1).

The Statement of Expert Evaluation does not declare the Prospective Ward competent or incompetent as it related to mental health, but is evidence to be considered by the Court.

The fee for completing this Statement of Expert Evaluation WILL NOT be paid by the Probate Court. Each evaluator should secure payment from the Applicant/Guardian.

1. This Statement of Expert Evaluation is filed with or attached to:

   ☐ A. Application for Appointment of Limited Guardian for Mental Health Purposes: Completed by ☐ Licensed Physician ☐ Licensed Clinical Psychologist prior to the filing and attached to the application.

   ☐ B. Guardian's Report: To be completed by ☐ Licensed Physician ☐ Licensed Clinical Psychologist

   The evaluation or examination shall be completed within three months prior to the date of the report pursuant to R.C. 2111.49.

2. Statement completed by: [PLEASE TYPE OR WRITE LEGIBLY]

   Name & Title: _____

   Business Address: _____

   Business Telephone Number: _____

3. Date(s) of evaluation: _____

   Place(s) of evaluation: _____

   Amount of time spent on evaluation: _____

   Length of time individual has been your patient: _____

CASE NO. _____

4. Is the Prospective Ward presently taking medication? ☐ Yes ☐ No If yes, what is the medication, dosage, and purpose? _____

_____

Are there any signs of physical and/or mental impairments caused by the medications themselves?

_____

5. Is the Prospective Ward mentally impaired? ☐ Yes ☐ No If yes, indicate the diagnosis below:

☐ Intellectual Disability/Developmental Disability:

☐ Profound ☐ Severe ☐ Moderate ☐ Mild

☐ Mental Illness: Type and Severity _____

_____

☐ Substance Abuse: Description _____

_____

Please provide additional comments and test scores if available. (Continue comments on page 4):

6. During the examination did you notice an impairment of the Prospective Ward's:

a) Orientation..... ☐ Yes ..... ☐ No ..... ☐ Unknown

b) Speech..... ☐ Yes ..... ☐ No ..... ☐ Unknown

c) Motor Behavior..... ☐ Yes ..... ☐ No ..... ☐ Unknown

d) Thought Process ..... ☐ Yes ..... ☐ No ..... ☐ Unknown

e) Affect..... ☐ Yes ..... ☐ No ..... ☐ Unknown

f) Memory ..... ☐ Yes ..... ☐ No ..... ☐ Unknown

g) Concentration and comprehension ..... ☐ Yes ..... ☐ No ..... ☐ Unknown

h) Judgment ..... ☐ Yes ..... ☐ No ..... ☐ Unknown

h) Insight ..... ☐ Yes ..... ☐ No ..... ☐ Unknown

7. Does the Prospective Ward have a history of the following:

☐ Lack of insight into mental illness

☐ Noncompliance with prescribed treatment

☐ Episodic behavior

CASE NO. _____

8. Please describe any impairments or history identified in questions 6 and 7 above. (Continue comments on page 4).

9. Is the Prospective Ward physically impaired? ☐ Yes ☐ No If yes, description:

_____

10. Are there any special characteristics of the Prospective Ward which should be considered in evaluating the individual for limited guardianship for mental health care purposes? ☐ Yes ☐ No If yes, explain:

11. Are there any indications of abuse, neglect or exploitation? ☐ Yes ☐ No If yes, explain:

12. Do you believe the Prospective Ward is capable of managing the Prospective Ward's mental health care treatment? ☐ Yes ☐ No If no, explain: _____

_____

13. In my opinion, a limited guardianship for mental health care purposes should be:

☐ Established/Continued ☐ Denied/Terminated

I certify that I have evaluated the Prospective Ward on _____, 20_____.

_____ _____

Date Signature of Evaluator

GUARDIAN'S REPORT ADDENDUM

(Not to be used with initial Application)

It is my opinion, based upon a reasonable degree of medical or psychological certainty, that the mental capacity of this ward will not improve.

_____ _____

Date Signature - Licensed Physician/Clinical Psychologist

CASE NO. _____

ADDITIONAL COMMENTS

Date: _____

_____
Signature - Evaluator

PROBATE COURT OF FRANKLIN COUNTY, OHIO

JEFFREY D. MACKEY, JUDGE

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ADULT GUARDIANSHIP SERVICE INFORMATION

Ohio law requires that the person for whom appointment is sought be visited and personally served notice of the guardianship application by the probate court investigator at least seven days prior to the scheduled hearing date. The following information is needed to ensure the safety of our court investigators and ensure the Court's ability to timely notify the Prospective Ward as required by Ohio law.

Please fill out this form completely.

1. At the time of the filing of the application for guardianship, the Prospective Ward is physically at the following address:

   _____

   _____ Telephone Number: _____

2. Does the Prospective Ward leave the above location on a regular basis (school, work, vacation, etc.) during the day? If yes, explain: _____

   _____

3. Is there a situation or special circumstance of which the investigator should be aware such as weapons in the home, dangerous situations, contagious diseases, etc.? If yes, explain: _____

   _____

4. The Applicant is responsible for providing the name and phone number of someone (which may be the Applicant) who may be contacted by the court investigator during regular business hours (8:00 a.m. – 5:00 p.m.) if assistance is required to complete service.

   Contact Person's Name: _____

   Contact Person's Phone Number: _____

CAUTION: The hearing will not be held unless the visit is completed at least seven days prior to the scheduled hearing date unless otherwise approved by the court. If there is a change in the location of the Prospective Ward between the time the application is filed and the hearing date, it is the Applicant's responsibility to notify the court investigator at (614) 525-6109 or (614) 525-6296.

_____
Attorney/Applicant

PROBATE COURT OF FRANKLIN COUNTY, OHIO

JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
THE LIMITED GUARDIANSHIP OF _____
FOR MENTAL HEALTH CARE PURPOSES

CASE NO. _____

NON-PUBLIC RECORD SOCIAL SECURITY INFORMATION FOR LIMITED GUARDIANSHIP FOR MENTAL HEALTH CARE PURPOSES

Social Security Number of the Prospective Ward: _____

Name of Prospective Limited Guardian: _____

Social Security Number of Prospective Limited Guardian: _____

Submitted by:

_____
Attorney/Applicant Signature

_____
Attorney/Applicant Printed Name

THIS FORM WILL NOT BE KEPT IN THE COURT'S PUBLIC RECORDS