

**ASHTABULA COUNTY COURT OF COMMON PLEAS
PROBATE DIVISION
ALBERT S. CAMPLESE, JUDGE**

GUARDIANSHIP OF: _____

CASE NO: _____

APPLICATION FOR EMERGENCY GUARDIANSHIP

[R.C. 2111.02 (B)(3); Sup. R. 66.03; & Local Rule 66.03.1]

Now comes _____ ("Applicant") and advises the Court that immediate action is required to protect _____ ("Alleged Incompetent"), who is a resident or has legal settlement in Ashtabula County at the address listed below. The Applicant states (select all that apply):

that the Alleged Incompetent suffers from the following mental and/or physical illnesses or disabilities: _____

that the Applicant will prevent significant injury or harm to the alleged incompetent's person or property, if appointed, by immediately doing the following: _____

that the alleged incompetent is unable to make informed decisions regarding medical care or treatment.

The Applicant further states the imminent risk of significant injury to the person or property of the Alleged Incompetent arose on _____, 20____ and is more fully described below:

Alleged Incompetent's Permanent Address: _____
Street Address

PO Box/Apartment # City State Zip Code

Alleged Incompetent's Current Address (if different): _____
Street Address

PO Box/Apartment # City State Zip Code

The Applicant has personal knowledge of the following attempts having been made to prevent or mitigate the threat or risk of significant injury posed to the Alleged Incompetent:

The Applicant represents to the Court that the statements contained herein are true. Therefore, Applicant requests this Court issue an *ex parte* order appointing the Applicant as emergency guardian of the person (and estate) of the Alleged Incompetent.

A Statement of Expert Evaluation (Supreme Court Probate Form 17.1) and a Supplement for Emergency Guardian of Person (Supreme Court Probate Form 17.1 (A)) are attached.

NOTICE: Providing false information on a signed document filed with this Court constitutes a criminal offense.

Attorney for Applicant Signature

Typed or Printed Name

Address

City State Zip

Telephone Number

Attorney Registration No. _____

Applicant Signature

Typed or Printed Name

Address

City State Zip

Telephone Number