

PROBATE COURT OF ASHTABULA COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF

Case No. Docket Page

GUARDIAN'S REPORT [R.C. 2111.49]

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 (check one) 1st 2nd 3rd 4th 5th 6th or , Guardian Report.

2. Ward's present address:

City: State: Zip Telephone: ()

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 ()

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 Telephone ()

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

Attached is a statement by a licensed physician, a licensed clinical psychologist, a licensed social worker, or a mental retardation 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: Date

Attorney's Signature

(Type or Print Attorney's Name)

(Street)

(City, State, Zip Code)

Telephone Number

Sup. Ct. Regis. No.

Guardian's Signature

(Type or Print Guardian's Name)

(Street)

(City, State, Zip Code)

(Telephone Number - Include Area Code)

(Knowingly giving false information on a Probate document is a criminal offense.)

[R.C. 2921.13(A)(11)]