



ASHTABULA COUNTY COURT OF COMMON PLEAS

PROBATE DIVISION

ALBERT S. CAMPLESE, JUDGE

REQUIRED INFORMATION SHEET - GUARDIANSHIP

Incompetent

Minor

Case Number: _____

Prospective Ward Information

Name: _____

Date of Birth: _____

Male

Female

Present Street Address: _____

City, State, Zip Code: _____

Permanent Street Address: _____

City, State, Zip Code: _____

Phone #: _____

Email: _____

P.O. Box required for mailings: _____

Prospective Guardian/Applicant Information

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone #: _____

Email: _____

P.O. Box required for mailings: _____

Relationship to Prospective Ward: _____

Occupation: _____

Work #: _____

Attorney Information

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone #: _____

Email: _____

Registration #: _____

Party Representing: _____

List any Agencies affiliated with the Prospective Ward including the phone number and a contact person:

Briefly describe the basis for this application regarding the Alleged Incompetent. Please include if the Ward has any problems communicating:



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Present living arrangements for Ward:

Own home or apartment

Private home or apartment of:

Relationship:

Foster, Group, or Boarding Home*

Nursing Home*

Medical Facility or State Institution*

Other:*

* Name of the home, facility, or institution:

Address:

Phone Number:

Please check if the Proposed Ward have the following: (Attach copies of documentation)

Power of Attorney

Location of Original:

Health Care Power of Attorney

Location of Original:

Advance Directive or Living Will

Location of Original:

Last Will and Testament

Location of Original:

Additional Party Information

Name:

Street Address:

City, State, Zip Code:

Phone #:

Email:

P.O. Box required for mailings:

Relationship to Prospective Ward:

Name:

Street Address:

City, State, Zip Code:

Phone #:

Email:

P.O. Box required for mailings:

Relationship to Prospective Ward:

Signature of Applicant or Attorney: