

INFORMATION CONCERNING THE ALLEGED INCOMPETENT (Revised Code 2111.03)

FULL NAME: _____

DATE OF BIRTH: _____

MALE: _____ FEMALE: _____ SOCIAL SECURITY NUMBER: _____ TELEPHONE: _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

TELEPHONE: _____

INFORMATION CONCERNING THE PROSPECTIVE GUARDIAN/APPLICANT (REVISED CODE 2111.03)

FULL NAME: _____

ADDRESS: _____

RELATIONSHIP TO ALLEGED INCOMPETENT: _____

OCCUPATION: _____

TELEPHONE NUMBER: _____ HOME _____ CELL _____ WORK _____

LIST ANY AGENCIES WHO HAVE KNOWLEDGE OF THE ALLEGED INCOMPETENT INCLUDING CONTACT PERSON AND TELEPHONE NUMBER:

DESCRIBE BRIEFLY THE BASIS FOR APPLICANT'S ALLEGED INCOMPETENCY INCLUDING ANY PROBLEMS COMMUNICATING: _____

WARD'S LIVING ARRANGEMENTS AT HIS PRESENT ADDRESS ARE BEST DESCRIBED AS:

- 1. _____ His or her own apartment or home
- 2. _____ Private home or apartment of _____ Relationship: _____
- 3. _____ Foster, group or boarding home
- 4. _____ Nursing home
- 5. _____ Medical facility or state institution
- 6. _____ Other (specify) _____

If you checked 3, 4, 5, or 6 please complete the following:

Name of the home, facility or institution: _____

Address: _____

Telephone Number: _____

Does the proposed ward have the following:

- | | | | | |
|-------------------------------------|-----------|----------|-------------------------|----------------------------|
| 1. Power of Attorney | Yes _____ | No _____ | (If yes, attach a copy) | Location of Original _____ |
| 2. Health Care Power of Attorney | Yes _____ | No _____ | (If yes, attach a copy) | Location of Original _____ |
| 3. Advance Directive or Living Will | Yes _____ | No _____ | (If yes, attach a copy) | Location of Original _____ |
| 4. Last Will and Testament | Yes _____ | No _____ | (If yes, attach a copy) | Location of Original _____ |