

PROBATE COURT OF WAYNE COUNTY, OHIO

In the Matter of the Guardianship of: _____

Case No. _____

APPLICATION FOR APPOINTMENT OF EMERGENCY GUARDIAN
OF ALLEGED INCOMPETENT
(R.C. 2111.02)

The applicant represents to the Court that _____ age _____ years, resides or has a legal settlement at _____ in _____ County, Ohio and that the prospective ward is incompetent by reason of (R.C. 2111.01 (D)) _____ . The applicant further represents that an emergency exists and that it is reasonable certain that immediate action is required to prevent significant injury to the person or estate of the proposed ward. A Statement of Expert Evaluation is attached with a Supplement for Emergency Guardian of Person (Form 17.1 and Form 17.1(A)).

A List of Next of Kin of the Proposed Ward is also attached (Form 15.0).

The whole estate of the prospective ward is estimated as follows:

Personal property	\$ _____
Real estate	\$ _____
Annual rents	\$ _____
Other annual income	\$ _____

The applicant represents that _____ is not an administrator, executor, or other fiduciary of the estate wherein the alleged incompetent is interested.

The applicant further represents that a guardian of the alleged incompetent is necessary in order that the ward the wards property may be taken proper care of and asks that an emergency guardian be appointed. The applicant understands that the Court can appoint emergency guardianship for a maximum period of seventy-two hours and that this Court may extend the emergency guardianship for a period not to exceed thirty additional days only after a hearing and notice to the ward and next of kin.

PRESENT LOCATION OF WARD (STREET, CITY, STATE, ZIP CODE): _____

TYPE OF GUARDIANSHIP APPLIED FOR IS **EMERGENCY**

Limited Person and estate Estate only Person only

The limited powers requested are _____

The time period requested is from _____ to _____ .

The applicant's relationship to alleged incompetent is _____

The applicant has (not) been charged with or convicted of a crime involving theft, physical violence, or sexual, alcohol or substance abuse except as follows (if applicable, state date and place of each charge or each conviction.)

Attorney for Applicant

Typed or Printed Name

Address: _____

Phone No.: _____

Attorney Registration No.: _____

Applicant

Typed or Printed Name

Age: _____

Address: _____

Phone No.: _____

KNOWINGLY GIVING FALSE INFORMATION ON A PROBATE DOCUMENT IS A CRIMINAL OFFENSE
(R.C. 2921.13(A))