

**PROBATE COURT OF RICHLAND COUNTY, OHIO**

**IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_**

**CASE NO. \_\_\_\_\_**

**APPLICATION FOR APPOINTMENT OF GUARDIAN  
OF MINOR**

[R.C. 2111.03(C)]

Applicant, a resident of \_\_\_\_\_ County, Ohio, hereby applies for the appointment of (himself) (herself) or some suitable person as guardian of the following minor and represents that the applicant is not an administrator, executor, or other fiduciary of an estate wherein the minor is interested

Name of Minor	Age	Date of Birth	Residence or Legal Settlement

Attached is a list of the next of kin of the minor. (Form 15.0)

A guardian is necessary because (R.C. 2111.06), \_\_\_\_\_

**TYPE OF GUARDIANSHIP APPLIED FOR IS**

\_\_\_\_ non-limited \_\_\_\_ limited \_\_\_\_\_ person and estate \_\_\_\_\_ estate only \_\_\_\_\_ person only

**IF THE APPLICATION IS FOR LIMITED GUARDIANSHIP,**

The length (time period) of the guardianship requested is:

\_\_\_\_\_ indefinite \_\_\_\_\_ definite to \_\_\_\_\_, 20\_\_\_\_\_

The limited powers requested are: \_\_\_\_\_

Applicant attaches affidavit pursuant to R.C. 3109.27.

Applicant represents that grounds exist for the Court to exercise its jurisdiction. (Applies to guardianship of person only. R.C. 3109.22).

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.)

The whole estate of said minor is estimated as follows:

Personal Property.....	\$ _____
Real Estate.....	\$ _____
Annual Rents.....	\$ _____
Other annual income .....	\$ _____
Total	\$ _____

Applicant offers the attached bond in the amount of \$ \_\_\_\_\_

I hereby certify that all the information and statements contained in this application and attached exhibits are correct to the best of my knowledge and belief.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Supreme Court Registration Number

Print Form