

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

GUARDIAN'S ANNUAL REPORT

[R.C. 2111.49]

1. Ward's present address: _____

City: _____ State: _____

Zip: _____ Telephone: _____

2. Ward's living arrangements are:

His or her own apartment or home

The guardian's home

Facility Home (Group home, foster home or assisted living)

Name of facility: _____

Contact person at facility: _____

Telephone of contact person: _____

Other

If other, the ward is living with whom? _____

Relationship to ward: _____

3. Ward has been at the current residence since: _____

4. If the ward's living arrangements have changed in the past year, please explain:

5. As guardian are you satisfied with the ward's care? YES NO

If no, please explain: _____

CASE NO. _____

6. List agencies/providers involved with the ward's care:

Agency	Contact Person	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. The ward's primary care physician: _____

Address: _____

Telephone: _____

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: _____

8. 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: _____

9. The ward's overall health is: excellent good fair poor

10. Is there a pre-need funeral established for the ward? YES NO

If yes, name of funeral home: _____

11. How often do you personally visit your ward?

Daily Weekly Monthly Annually Never Other: _____

12. The date of your last personal visit with your ward was: _____

13. Do you contact your ward in other ways?

Telephone Mail Social worker or staff Other: _____

Please specify how often these other contacts occur: _____

14. Are you able to continue to serve as guardian? YES NO

If no, please explain: _____

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15. I believe the continuation of the guardianship is necessary.

Yes, continued No, not continued

If not continued is checked, please provide the reasons: _____

16. Any additional information that you would like to provide: _____

I hereby state that the answers set forth above are true and correct to the best of my knowledge and belief, and I am giving the answers subject to the penalties of making a false declaration.

(Knowingly giving false information on a probate document is a criminal offense-O.R.C. 2921.13 (A)(11))

Attorney for Guardian's Signature

Guardian's Signature

Date

Date

Attorney for Guardian's Typed or Printed Name

Guardians Typed or Printed Name

Address

Address

City State Zip

City State Zip

Telephone Number (include area code)

Telephone Number (include area code)

Attorney Registration No.

Guardian's Email Address (if available)

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GUARDIANSHIP OF _____

CASE NO. _____

ANNUAL PLAN FOR GUARDIANSHIP

1. Do you plan to change the Primary Care Physician listed on the Guardian's Report?

YES NO

If yes, please list the reason why: _____

New Physician Name: _____

Address: _____

Telephone Number: _____

2. Is there a plan to change or add agencies/providers listed on the Guardian's Report involved with the ward's care?

YES NO

If yes, please list the reason why: _____

Please provide the contact information of any new agencies: _____

3. Is there a plan to change the ward's placement?

YES NO

If yes, why the change? _____

When will the change occur? _____

Placement Facility Name and location: _____

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4. Please describe the ward's participation in the following activities:

Social/Recreational: _____

Employment: _____

Other: _____

If the ward is **not** involved in activities please explain why: _____

5. Please describe how the ward's financial needs will be met in the coming year:

Guardian's Signature

Date

Guardians Typed or Printed Name

Telephone Number (include area code)

Guardian's Address

City State Zip

Guardian's Email Address (if available)