PROBATE COURT OF RICHLAND COUNTY, OHIO PHILIP ALAN B. MAYER, JUDGE

GUAF	RDIANS	HIP OF		
CASE	NO			
		GUARDIAN'S REPORT [R.C. 2111.49 and SUP.R. 66.05(B)(2)]		
NOTE		ted space is inadequate to respond, write "See Exhibit" in the space and add appropriate letter sequence, then attach exhibit containing information requested for that space.		
1. Th	is is the	(circle one): 1 st 2 nd 3 rd 4 th 5 th 6 th or Guardian's Report.		
2. Wa	ard's pre	City State Zip Telephone ()		
3. Wa	ard's livi	ng arrangements at the above address are best described as:		
		ner own apartment or home (includes assisted living facilities).		
□ b. Private home or apartment of:				
		the ward's guardian		
	\square (2)	a relative of the ward, whose name is		
	` ,	and relationship is		
	□ (3)	a non relative whose name is		
□ c.		r, group or boarding home.		
□ d.	A nursi	ng home		
□ e.	A medi	cal facility or state institution.		
☐ f.	Other (describe)		
Пσ	If c. d.	e, or f is checked, complete the following:		
Цε.		The name of the home, facility or institution		
	☐ (±)			
	☐ (2)	The name of an individual at the home, facility or institution who has knowledge and is authorized to give information to the Court about the ward. Name		
4 TL	• Word •	Telephone Number ()		
		will be at the address given in Item 2.		
	Indefini	·		
⊔ b.	-	rarily. The new address and telephone number is:		
		Unknown, I will provide this information when known.		
	\square (2)	City		
		City State Zip Telephone ()		
		Zip		

	CASE NO					
5.	Guardian's contact with the ward: a. Approximate number of times the guardian had contact with the ward during the period covered by this report:					
	b. The nature of those contacts (phone, personal, or other)					
	c. Date the ward was last seen by the guardian:					
6.	Have you observed any major change in the ward's physical or mental condition during the period covered by this report? Yes No					
7.	The care given to the ward is If "Not Adequate" is checked, explain.	Adequate	Not Adequate			
8.	The guardianship should be If "Not Continued" is checked, explain.		Not Continued			
9.	During the period covered by this report the ward been seen by a physician. If the ward has been seen and for	en, the last date was	_			
10.	. I currently serve as the guardian to ten or me circumstances that may disqualify me from serve	3	urt that I am unaware of any			
11.	☐ I have completed the continuing education requirement. (Attach Certificate of Completion if applicable ☐ The continuing education requirement was waived.					
tean	ached is a statement by a licensed physician, a licensed clinic in that has evaluated or examined the ward within three months rdianship. [R.C. 2111.49(A)(1)(I)] (Form 17.1)	l psychologist, a licensed social worker prior to the date of this report regarding	er, or a developmental disability the need for continuing the			
If a	an attorney has been consulted on this report:	Date:				
Attorney for Guardian		Guardian's Printed Na	Guardian's Printed Name			
Street		Guardian's Signature	Guardian's Signature			
City, State, Zip Code		Street				
Pho	one Number	City, State, Zip Code				
Attorney Registration No.		Phone Number				