

2024 ESTATE PLANNING AND LAW SYMPOSIUM

May 16, 2024

VIEW FROM THE BENCH

Presenter

Hon. Dixie Park

A VIEW FROM THE BENCH 2024

JUDGE DIXIE PARK
Stark County Probate Court

I. WRONGFUL DEATH

Wrongful Death/Survival Claims

- Form 14.0- Application to Approve Settlement and Distribution of Wrongful Death and Survival Claims
 - Settlement Information
 - Settlement Offer (Full or Partial)
 - Medical Expenses/Reimbursement
 - Attorney Fees/Case Expenses
 - Lien Information
 - Distribution of Net Proceeds
 - Wrongful Death or Survival
 - Distribution to Beneficiaries/Estate

Wrongful Death/Survival Claims

- Form 14.1- Waiver and Consent- Wrongful Death and Survival Claims
 - Can be submitted for all Next of Kin/Beneficiaries of the estate
 - Global Waiver- Indicate that the party is consenting to all future settlements that are consistent with the current application

PROBATE COURT OF STARK COUNTY, OHIO
DIXIE PARK, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION TO APPROVE SETTLEMENT AND DISTRIBUTION OF
WRONGFUL DEATH AND SURVIVAL CLAIMS

[R.C. 2117.05, 2125.02, Civ. R. 19.1 and Sup. R. 70]

The fiduciary states:

[Check whichever of the following are applicable, strike inapplicable words, and incorporate all attachments into a single statement.]

- ☐ There is an offer of (full) (partial) settlement without suit being filed.
- ☐ There is an offer of (full) (partial) settlement after suit was filed. The style of the case, the court, and case number being _____.
- ☐ A judgment has been recovered for damages for the decedent's wrongful death (and personal injury and property damage arising out of the same act and which survive the decedent).
- ☐ The amount of the settlement or judgment is \$ _____.
- ☐ There is a partial settlement and therefore the estate must remain open pending final disposition of the claim.
- ☐ The offer includes, or the judgment sets forth separately, reasonable funeral and burial expenses in the amount of \$ _____.
- ☐ Reasonable compensation for the fiduciary for services rendered is \$ _____ and an itemization of such services is attached.
- ☐ Outstanding hospital and medical bills in the amount of \$ _____ and an itemization of such bills is attached.
- ☐ Outstanding claims to a right of subrogation for the payment of hospital and medical bills in the amount of \$ _____ and an itemization of such is attached.
- ☐ A reasonable attorney fee for the attorney's services is \$ _____ and reimbursement to the attorney for case expenses is \$ _____. A copy of the attorney's fee contract that (has) (has not) received prior approval of the Court, subject to modification, and itemization of the case expenses are attached.
- ☐ Other: _____.
- ☐ The net proceeds of \$ _____ should be allocated \$ _____ to the wrongful death action and \$ _____ to the survival action. A statement in support thereof is attached.

FORM 14.0 – APPLICATION TO APPROVE SETTLEMENT AND DISTRIBUTION OF
WRONGFUL DEATH AND SURVIVAL CLAIMS

Amended: January 1, 2015
Discard all previous versions of this form

[Reverse of Form 14.0]

CASE NO. _____

- ☐ A statement in support of the proffered settlement is attached.
- ☐ Supplemental forms required by local rule of court are attached.
- ☐ All of the beneficiaries of the wrongful death action are on equal degree of consanguinity, are adults, and have agreed how the net proceeds allocated to the wrongful death claim are to be distributed.
- ☐ The beneficiaries of the wrongful death action are not all on equal degree of consanguinity, or one or more of the beneficiaries is a minor, or the beneficiaries have not agreed how the net proceeds are to be distributed.
- ☐ The surviving spouse, children, and parents of the decedent and the other next of kin who have suffered damages by reason of the wrongful death are as follows and the distribution should be as follows:

Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amount

- ☐ The survival claim beneficiaries are as follows:

Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amount

The fiduciary requests that the Court approve the application and authorize the fiduciary to execute a (complete) (partial) release which upon payment of the settlement shall be a (complete) (partial) discharge of the claim.

Attorney for Fiduciary _____

Fiduciary _____

Attorney Registration No. _____

ENTRY SETTING HEARING AND ORDERING NOTICE

The Court sets _____ at _____ o'clock _____.m. as the date and time for hearing the above application and orders notice to be given by the fiduciary, as provided in the Rules of Civil Procedure, to the wrongful death and survival claim beneficiaries who have not waived notice.

Dixie Park, Probate Judge

FORM 14.0 – APPLICATION TO APPROVE SETTLEMENT AND DISTRIBUTION OF
WRONGFUL DEATH AND SURVIVAL CLAIMS

Amended: January 1, 2015
Discard all previous versions of this form

Form 14.1

PROBATE COURT OF STARK COUNTY, OHIO

DIXIE PARK, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

WAIVER AND CONSENT WRONGFUL DEATH AND SURVIVAL CLAIMS

The undersigned waive notice of the hearing and consent to and approve the settlement and distribution as set forth in Form 14.0, Application to Approve Settlement and Distribution of Wrongful Death and Survival Claims, a copy of which I have received.

Wrongful Death/Survival Claims

- Statement of Facts- Sup.R. 70(A)
 - “An application to approve settlement and Distribution of Wrongful Death and Survival Claims (Standard Probate Form 14.0) shall contain a statement of facts, including the amount to be allocated to the settlement of the claim and the amount, if any, to be allocated to the settlement of the survival claim
- Motion to Approve Attorney Fee Contract- Sup.R. 70(C)
 - “Counsel fees shall be subject to approval by the court.”

Wrongful Death/Survival Claims

- Proof of Negotiation/Satisfaction of all subrogation/lien interests
 - In determining an equitable distribution, “the court may also consider funeral expenses and *other items of expense incurred* by reason of the death.” *In re Estate of La Penta*, 167 Ohio. St. 536, 539 (1958) (emphasis added).
 - Claims from Medicare, Medicaid, Insurance Providers, etc. must be addressed and satisfied pursuant to the application.
 - Proof of Satisfaction must be provided in the Report of Distribution.

Wrongful Death/Survival Claims

- “The fiduciary shall give written notice of the hearing and a copy of the application to all interested persons who have not waived notice of the hearing.” Sup.R. 70(B)(emphasis added)

Wrongful Death/Survival Claims

- HB 279 identified who is an interested party and limits the time within which extended family are entitled to assert a Claim
- Decedent's immediate family are considered interested parties regardless of when the settlement application is filed with the probate court.
- If the settlement application is filed two years or less after the decedent's death, the decedent's extended family are also considered interested parties and are entitled to notice of the settlement hearing.
- If the representative files the settlement application more than two years after the decedent's death, only extended family members who have filed a written notice of claim with the probate court are considered interested parties.

Wrongful Death/Survival Claims- Notice

- R.C. 2125.02(B)(1)-(2)- Interested person(s) entitled to notice
- “for the purpose of determining who is an interested person entitled to notice pursuant to Rule 70 of the Rules of Superintendence for the Courts of Ohio, all of the following apply:”
 - A surviving spouse and any surviving child or parent of the decedent.
 - Next of Kin

Wrongful Death/Survival Claims- Next of Kin

- Differing Definition for Next of Kin:
 - If an application is filed less than two years after decedent's death, all other next of kin are interested persons.
 - After two years- no other next of kin are interested persons.

*A person who is next of kin may remain an interested person by filing a written notice of claim within two years of Decedent's death.

NOTICE

PROBATE COURT OF _____ COUNTY, OHIO

IN THE MATTER OF _____
CASE NO. _____

NOTICE OF CLAIM OF INTERESTED PERSON

[R.C. 2125.02 (B)(3)(b)]

The claimant hereby gives Notice to the Probate Court that he/she is an interested person entitled to notice of any Application To Approve Settlement and Distribution of Wrongful Death and Survival Claims pursuant to Rule 70 of the Rules of Superintendence for the Courts of Ohio.

Signature

Printed Name

Address

City, State Zip

Telephone Number

Relation to Decedent

Filing a Wrongful Death Claim- Following the Hearing

- Form 14.3- Report of Distribution and Entry
 - Reflects the distribution approved by the Court pursuant to the application
 - Attach verification of payment for distributions
 - Beneficiaries
 - Medicare/Medicaid
 - Other Subrogation/Liens

PROBATE COURT OF STARK COUNTY, OHIO

DIXIE PARK, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

REPORT OF DISTRIBUTION OF WRONGFUL DEATH AND SURVIVAL CLAIMS

Pursuant to Entry filed _____, the proceeds have been paid as shown below and on the accompanying vouchers.

Gross Proceeds		\$	_____
Funeral and burial expenses	\$	_____	
Fiduciary fees to _____	\$	_____	
Reimbursement of case expenses to _____	\$	_____	
Attorney fees to _____	\$	_____	
Survival claim to the estate	\$	_____	
Total Deductions	\$	_____	
Net Proceeds		\$	_____
Net proceeds to beneficiaries:			
To: _____	\$	_____	
To: _____	\$	_____	
To: _____	\$	_____	
To: _____	\$	_____	
To: _____	\$	_____	
To: _____	\$	_____	
To: _____	\$	_____	
Total payments to beneficiaries		\$	_____
Balance			-0-

☐ The fiduciary states that there are no other assets remaining in the estate.

☐ The fiduciary states that there are assets remaining in the estate.

Attorney for Fiduciary _____

Fiduciary _____

Attorney Registration No. _____

ENTRY

The above report of the distribution of the proceeds is hereby approved.

☐ There being no further assets to administer, the fiduciary and surety, if any, are discharged.

Date _____

DIXIE PARK - PROBATE JUDGE _____

Other Practice Tips for Wrongful Death

- An Inventory and Account **MUST** be submitted and approved in all estates, regardless of whether the estate has assets
 - A \$0.00 Inventory and \$0.00 Account can be filed if no estate assets exist
- Subrogation/Lien interests **MUST** be addressed and reflected in the Application and Report of Distribution
- Future applications may be approved without hearing if the subsequent applications are consistent with the initial application (fees, distribution) and all beneficiaries/next of kin signed global waivers or received notice of the application.

II. PRACTICE POINTERS

Estates

- When filing a testate estate, make sure page 2 of the Surviving Spouse, Children, Next of Kin, Legatees and Devisees (form 1.0) accurately reflects the vested beneficiaries listed in the will.
- Even if the will waives bond, file an Application to Waive and Dispense with Bond (SCPC 4.2A) and Acceptance of Waiver of Fiduciary Bond (form SCPC 4.2B) by all vested beneficiaries.
Loc. Rule 75.1
- If the estate is testate, remember to file a Certificate of Service of Notice of Probate of Will (form 2.4)
- In an estate with a Trust as the sole beneficiary and the Trustee as the Applicant to administer, bond waivers from all next of kin are required to waive bond.

SCPC LOCAL RULE 75.1 FIDUCIARY BONDS

- Pursuant to Ohio Revised Code Sec. 2109.04(A)(2), if the instrument dispenses the giving of bond, the Court will appoint a fiduciary without bond, unless the Court is of the opinion that the interest of the estate or trust demands it. In order for the Court to be able to make this determination, the Court may schedule a hearing on the waiver of bond; but may dispense with the hearing and appoint the fiduciary without bond if:
 - Upon application for appointment or prior to a scheduled hearing, the fiduciary files with the Court Acceptances of the Waiver of Bond (in a format approved by the Court) signed by all the vested beneficiaries named in the decedent's will as identified on the Form 1.0, or for a testamentary trust, by all the current beneficiaries named in the testamentary trust; or
 - The named fiduciary is the sole beneficiary of the estate/trust or if the named co-fiduciaries are the only beneficiaries of the estate/trust.
- If the Court determines a bond is necessary the Court will generally require the applying fiduciary to post a surety bond of two times the probable value of the personal estate or such other level as determined to be appropriate by the Court; however, if the fiduciary is an attorney, the Court will generally require a surety bond equal to the probable value of the personal estate.
- In lieu of the bond, the Court may authorize a depository in lieu of bond or restricted financial account arrangement to hold financial assets of the estate/trust, with such account being subject to the further order of the Court prior to the release of the restricted assets.
- Attorneys shall not act as sureties in any case, nor are they permitted to become sureties on the bond of any fiduciary.
- Where a bond is required, the Court will not accept personal sureties.

Estates cont'd

- Remember to comply with Local Rule 60.1 if your client is an out of state resident.
- If there is a minor who is 16 or 17 who would have been eligible to serve but not for their age, then they must be personally served of the Notice of Application in a Full Administration or Release. The Attorney should list in what manner they want this served (in person at the Court, by the Sheriff or by Process Server). If they wish to have it served by Process Server, they would need to file a separate Motion to Appoint a Process Server.
- File an Inventory within 3 months of Fiduciary's appointment. A Supplemental Inventory can be filed later if additional assets are discovered or an Amended Inventory if values change.

SCPC LOCAL RULE 60.1

- **LOCAL RULE 60.1 - APPOINTMENT OF NON RESIDENT FIDUCIARIES**

An applicant to be appointed fiduciary of a decedent's estate, or trust, who is not a resident of this state, must be in compliance with Section 2109.21 of the Revised Code and use as the attorney of record an attorney licensed to practice law in this State. To assure the assets remain in Stark County, Ohio, during the administration of the estate or trust, the applicant must meet one or more of the following criteria as required by the Court:

Place a substantial amount of the assets in a custodial depository in this county, pursuant to Section 2109.13 of the Revised Code;

- Have a co-fiduciary who is a resident of this State;
- Post a bond in compliance with Section 2109.04 of the Revised Code.

Estates cont'd

- File an Account within 6 months of Fiduciary's appointment. If you file a Partial Account, always file an Application to Extend Administration (form 13.8) with it.
- In a Release, if the Date of Death is less than 6 months, then each beneficiary must sign a 10.4A, Notice to Distributee.
- Call for final court costs, and be accurate with the costs.

Wrongful Death Settlements

- Multiple settlements may be grouped on one Application to Approve Settlement and Distribution of WD and Survival Claim- just include the settlement statement for each settlement with the Application. Only one Entry and one Report of Distribution need to be filed as opposed to many.
- Always provide a Motion to Approve Contingency Fee Agreement, copy of agreement, and proposed JE at the outset of a WD case.
- Include an itemization of case expenses for each Application.
- Notify ALL next of kin of the Application or obtain signed waivers and consents from next of kin. If the waivers are global in nature, only need to provide this one time.

Wrongful Death Settlements cont'd

- Remember to file a Report of Distribution (form 14.3) for each Entry Approving Settlement. Include copies of cancelled checks or signed receipts from each beneficiary that received monies. This includes any payments for medical bills, Medicare/Medicaid liens, etc.
- If the manner in which the distribution of net proceeds deviates from previous applications and/or the manner in which global waivers have been signed, a hearing will be set on the Application.
- If the estate is opened solely to pursue WD claims, you will still need to file a \$0.00 inventory and \$0.00 account.

Minor Settlements

- When requesting to dispense with a minor guardianship (amount received by the minor is less than \$25,000.00), file SCPC 16.0(A)–(D).
- When the funds of a minor are deposited into a financial institution until the minor attains the age of majority, a Verification of Receipt and Deposit must be filled out and filed with the Court. Counsel should accompany the individual making said deposit to ensure that the deposit is properly made.



Guardianships

- **Guardianship of Incompetent-**
 - Bring the following prepared forms to the hearing for your client to execute: Oath of Guardian, Fiduciary's Acceptance, Affidavit of Guardian Applicant, Receipt for Guardianship Handbook, Letters of Guardianship, and Judgment Entry Appointment of Guardian for Incompetent Person.
 - Ensure your client (guardian) has filed the annual Statement of Expert Evaluation (if not previously waived); Guardian's Report, Annual Plan, and Guardian's Account (if applicable) timely each year.

Guardianships cont'd

- **Minor Guardian of the Estate-**
 - Ensure that Applicant filed a Release for Criminal Background check with the Application.
 - Applicant will need to either post bond or file an Application to Deposit in Lieu of Bond with Proposed JE in order for Letters of Guardianship of the Estate to issue.
 - Bring the following prepared forms to the hearing for your client to execute: Oath of Guardian, Fiduciary's Acceptance, Affidavit of Guardian Applicant, Receipt for Guardianship Handbook, Letters of Guardianship (with date certain as to when minor turns 18), and Judgment Entry Appointment of Guardian of Minor.



Miscellaneous

- Insolvency
 - Notice needs to be served on next of kin, as well as all creditors.
 - Excessive attorney fees relative to the amount of assets shall not be allowed.
- Land Sales
 - When a defendant in a land sale proceeding is a minor or an incompetent, a Guardian ad litem must be appointed to protect their interest.
 - An opinion of value is not a sufficient appraisal in a land sale, unless the real property has a value of \$10,000.00 or less.
- Adoptions
 - Make sure the correct Vital Statistics Form is filled out to send to the Ohio Department of Health. The correct form can be found on the Stark County Probate Court website under Forms>Adoptions>HEA 2757 Vital Statistics, Certificate of Adoption.

Miscellaneous cont'd

- When listing either a mother or father on any next of kin form, make sure to list the other parent on there as well.
- When filing a Motion to Correct Record/Add Alias, in addition to the motion/entry, provide amended letters of authority/guardianship to be issued.
- When filing an Application or Motion to Reimburse a Fiduciary or other party, make sure to include receipts for the reimbursements.

III. NEW FORMS

Adoptions

- Standard Probate Form 18.2
 - Notice of Hearing on Petition for Adoption

Proposed form SPF 18.2

PROBATE COURT OF STARK COUNTY, OHIO
DIXIE PARK, JUDGE

ADOPTION OF _____
(Name after adoption)

CASE NO. _____

NOTICE OF HEARING ON PETITION FOR ADOPTION

Notice must be served not less than 20 days before the date of hearing
[R.C. 3107.11]

To: _____
(Give Names and Addresses)

You are hereby notified that on the _____ day of _____, _____, filed in this Court a Petition for Adoption of _____, a minor, whose date of birth is _____, and for change of the name of the minor to _____. This Court, located at Suite 501, Stark County Office Building, 110 Central Plaza, South, Canton, Ohio 44702-1413 will hear the petition on the _____ day of _____ at _____ o'clock ____ M. It is alleged in the petition, pursuant to R.C. 3107.07, that the consent of _____ is not required due to the following: _____ (Name)

☐ That person is a parent who has failed without justifiable cause to provide more than de minimis contact with the minor for a period of at least one year immediately preceding the filing of the adoption petition or placement of the minor in the home of the petitioner.

☐ That person is a parent who has failed without justifiable cause to provide for the maintenance and support of the minor as required by law or judicial decree for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner.

☐ State other grounds under R.C. 3107.07 (includes putative father of the minor born prior to January 1, 1997).

"A FINAL DECREE OF ADOPTION, IF GRANTED, WILL RELIEVE YOU OF ALL PARENTAL RIGHTS AND RESPONSIBILITIES, INCLUDING THE RIGHT TO CONTACT THE MINOR, AND, EXCEPT WITH RESPECT TO A SPOUSE OF THE ADOPTION PETITIONER AND RELATIVES OF THAT SPOUSE, TERMINATE ALL LEGAL RELATIONSHIPS BETWEEN THE MINOR AND YOU AND THE MINOR'S OTHER RELATIVES, SO THAT THE MINOR THEREAFTER IS A STRANGER TO YOU AND THE MINOR'S FORMER RELATIVES FOR ALL PURPOSES. IF YOU WISH TO CONTEST THE ADOPTION, YOU MUST FILE AN OBJECTION TO THE PETITION WITHIN FOURTEEN DAYS AFTER PROOF OF SERVICE OF NOTICE OF THE FILING OF THE PETITION AND OF THE TIME AND PLACE OF HEARING IS GIVEN TO YOU. IF YOU WISH TO CONTEST THE ADOPTION, YOU MUST ALSO APPEAR AT THE HEARING. A FINAL DECREE OF ADOPTION MAY BE ENTERED IF YOU FAIL TO FILE AN OBJECTION TO THE ADOPTION PETITION OR APPEAR AT THE HEARING."

RIGHT TO AN ATTORNEY:

You have the right to be represented by an attorney of your choice. If you are unable to afford an attorney, you must request an attorney when you receive this Notice and complete an affidavit of indigency form at the Court to determine if you qualify for appointed counsel. You may contact the Court at 330-451-7755.

Dixie Park - Probate Judge

By: _____
Deputy Clerk

- Standard Probate Form 18.2 has been amended to comply with H.B. 110, which amended R.C. 3107.11 to include the additional language ..
...AND THE MINOR'S FORMER RELATIVES FOR ALL PURPOSES, WITH THE EXCEPTION OF DIVISION (A)(1)(b) OF SECTION 3107.15 OF THE REVISED CODE.
- Language has also been added to the Proposed Standard Probate Form directing an indigent parent to complete an affidavit of indigency with the Court in order to determine if they qualify for Court appointed counsel. *In the Matter of the Adoption of Y.E.F.*, 2020 Ohio 67857.15 OF THE REVISED CODE.

Estates

- Proposed Standard Probate Form 13.12
 - Notice of Will Location

Proposed SPF 13.12

Proposed Standard Probate Form 13.12 is a new form that addresses the location of original, executed wills that were in the possession of an attorney who is now deceased.

1 **PROBATE COURT OF _____ COUNTY, OHIO**
2
3 **IN RE: WILLS OF ATTORNEY _____**
4
5 **CASE NO. _____**
6
7 **NOTICE OF WILL LOCATION**
8
9 Applicant hereby notifies this court and the public that the original, executed wills in the possession of
10 attorney _____, Supreme Court of Ohio Registration Number: _____ are
11 located as follows:
12
13 ☐ With Ohio-licensed attorney _____, Supreme Court of Ohio Registration
14 Number of _____, (contact information available through Supreme Court of Ohio Attorney
15 Registration Database);
16
17 ☐ With the Supreme Court of Ohio Office of Disciplinary Counsel:
18
19 ☐ With the law firm _____ located at _____
20
21 ☐ With the Probate Court of _____ County, Ohio;
22
23 ☐ Have been destroyed.
24
25 For wills that have not been destroyed, Applicant has prepared an alphabetical listing of all testators covered
26 by this notice. That list and this notice shall be filed with the Office of Disciplinary Counsel. That office will
27 keep a record of all notices received and post the attorney's name and the location of that attorney's wills,
28 as indicated above, on its website (www.cdc.ohio.gov). Applicant requests that this notice document be
29 made a public record in this court under the deceased attorney's estate or under a miscellaneous case
30 number, for an attorney who is deceased (if no estate has been filed), retired, disabled, disappeared,
31 terminated, or deported per Gov.Bar R. 1/28.
32
33
34
35
36 Applicant Signature _____ Typed or Printed Name _____
37
38 Address _____
39
40 Email Address _____ Phone Number _____
41
42 ☐ Check here if Applicant wishes name and contact information redacted.
43
44 By applying his/her signature above, Applicant certifies that this notice and the alphabetical listing of all
45 testators covered by this notice was provided to the Office of Disciplinary Counsel, at 65 East State Street,
46 Suite 512, Columbus, Ohio 43215, (614) 387-6703, fax (614) 387-8708, www.cdc.ohio.gov on the
47 day of _____, 20____
48
49

Disinterment

- Standard Probate Form 25.0
 - Application for Order to Disinter Remains
- Standard Probate Form 25.6
 - Order to Disinter Remains

SPF 25.0 Application for Order to Disinter Remains

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE
DISINTERMENT OF: _____, DECEASED
CASE NO. _____
APPLICATION FOR ORDER TO DISINTER REMAINS
[R.C. 517.24, 517.25, 2108.70 et seq]

The Applicant states that this Application is made to disinter the remains of the above-named Decedent by Court Order. The Decedent's remains are currently located in _____ cemetery, _____ County.

Applicant further states that the following information is true:

1. Applicant is an interested person of sound mind who is at least eighteen years old.
2. Applicant ☐ did or ☐ did not assume/have financial responsibility for the funeral and burial expenses of the decedent.
3. Applicant's relationship to Decedent is _____.
4. The remains will be re-interred at _____
(Name and Address)

5. Attached is Form 1.0 listing all persons who would have been entitled to inherit from the Decedent under R.C. Chapter 2105, if the Decedent had a Will, all legatees and devisees named in that Will, and if applicable, the person who has been assigned the rights of disposition for the deceased person under R.C. 2108.70 to 2108.90.

6. Notice of this Application and Hearing on the Application shall be given by certified mail return receipt requested to Decedent's surviving spouse, to all persons entitled to inherit if Decedent died without a Will, to all legatees and devisees named in Decedent's Will, and to the cemetery in which the Decedent's remains are interred in accordance with R.C. Section 517.24 unless waived. If notice is not given to any person specified above, Applicant shall file an affidavit specifying which persons were not given notice and the reason for not giving notice to those persons (See R.C. 517.24(2)(d)).

FORM 25.0 - APPLICATION FOR ORDER TO DISINTER REMAINS

-Standard Probate Form 25.0 has been amended to comply with S.B. 202. Language was added to Question 5 to instruct the applicant to add the person who has been assigned the rights of disposition for the decedent under R.C. 2108.70- R.C. 2108.90.
-to the applicant.

CASE NO. _____

7. Attached to this application are any written waivers waiving the right to receive the notice stated above.

8. Applicant states that the disinterment is not against Decedent's religious beliefs.

9. Decedent's cause of death was _____.

10. The Decedent did not die of a contagious or infectious disease, or if so, a permit has been issued by the appropriate Board of Health, attached.

11. To the best of Applicant's knowledge, the Decedent
☐ Had not executed a written Declaration of Assignment of Right of Disposition pursuant to R.C. 2108.70 et seq.
☐ Had executed a written Declaration of Assignment of Right of Disposition pursuant to R.C. 2108.70 et seq. and a true and correct copy is attached.
☐ The written Declaration of Assignment of Right of Disposition is not available to Applicant.

Attorney for Applicant	Applicant
Typed or Printed Name	Typed or Printed Name
Address	Address
Phone Number (include area code)	Phone Number (include area code)
Attorney Registration No.	
Email address	Email address
Sworn to and subscribed in my presence this _____ day of 20 _____.	

Notary Public

FORM 25.0 - APPLICATION FOR ORDER TO DISINTER REMAINS

SPF 25.6 Order to Disinter Remains

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE
DISINTERMENT OF _____, DECEASED
CASE NO. _____

ORDER TO DISINTER REMAINS

An application for Order to Disinter Remains came on for hearing on the _____ day
of _____.

The Court finds that all interested parties, whose names and addresses are known, have been notified according to law or have waived notice of hearing on the application.

The Court further finds that the statements contained in the application are true and that no testimony was adduced to establish that disinterment would be against the decedent's religious beliefs.

The Court further finds that a permit ☐ has ☐ has not been issued pursuant to R.C. 517.23(B) by the Board of Health (or other authorized agency) and that if issued, has been filed herein.

It is the Order of this Court that:

- (1) Applicant is hereby authorized to disinter the remains of the decedent from _____ Cemetery;
- (2) Applicant is hereby authorized to reinter the remains of the decedent at _____ Cemetery;
- (3) Unless the gravestone or marker is relocated to the site of reinterment, Applicant shall cause said gravestone or marker to remain at the site of original interment; and
- (4) Applicant shall file a Verification of Reinterment within thirty (30) days that the remains of the decedent have been reinterred.
- (5) The board of township trustees, the trustees or board of the cemetery association, or other officers having control and management of the municipal cemetery shall have a period of at least thirty days from the receipt of the order to perform the ordered disinterment.

Judge _____

Standard Probate Form 25.6 was amended to add number 5 to the order to include that the board of township trustees, the trustees or board of the cemetery association, or other officers having control and management of the municipal cemetery shall have a period of at least thirty days from the receipt of the order to perform the ordered disinterment.

Guardianships

- Standard Probate Form 17.1
 - Statement of Expert Evaluation
- Standard Probate Form 17.8
 - Court Investigator's Report on Proposed Guardianship
- Proposed Standard Probate Form _____
 - Guardian Applicant Questionnaire
- Proposed Standard Probate Form _____.0
 - Service of Notice Information for Adult Guardianships

SPF 17.1 Statement of Expert Evaluation

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE
GUARDIANSHIP OF _____
CASE NO. _____

STATEMENT OF EXPERT EVALUATION [Sup. R. 66 & R.C. 2111.49]

Definition of Incompetent (R.C. 2111.01(D)): "Incompetent" means any person who is so mentally impaired, as a result of a mental or physical illness or disability, as a result of intellectual disability, or as a result of chronic substance abuse, that the person is incapable of taking proper care of the person's self or property or fails to provide for the person's family or other persons for whom the person is charged by law to provide, or any person confined to a correctional institution within this State". The examiner shall complete this statement using personal observations and prior history obtained during the examiners course of treatment / interaction with the proposed Ward.

This Statement of Evaluation does not declare the individual competent or incompetent. It is evidence to be considered by the Court. Probate Court **WILL NOT** pay the fee for completing this evaluation. The evaluator should secure payment from the Applicant or Guardian.

- This Statement of Expert Evaluation is to be filed with or attached to:
 - Guardianship Application: [Evaluation must be completed before the filing of and attached to the application.]
Evaluation completed by: ☐ Licensed Physician ☐ Licensed Clinical Psychologist
A physician's assistant or a nurse practitioner is NOT ACCEPTABLE for an initial application Sup. R. 66(A)
 - Application for Emergency Guardianship:
Evaluation completed by: ☐ Licensed Physician ☐ Licensed Clinical Psychologist
NOTE: If this Statement relates to an emergency guardianship of the person, a Licensed Physician or a Licensed Clinical Psychologist must complete the Supplement for Emergency Guardian, Form 17-1A, specifying the details of the emergency, and why immediate action is required to prevent significant injury or death to the person. The Supplement must be signed by a Licensed Physician or a Licensed Clinical Psychologist, dated, and attached to this completed Statement.]
 - Guardian's Report: [Evaluation must be completed within three months before the date of this Report. R.C. 2111.49]
Evaluation completed by: ☐ Licensed Physician ☐ Licensed Clinical Psychologist
☐ Licensed Independent Social Worker ☐ Licensed Professional Clinical Counselor
☐ Developmental Disability Team ☐ Certified Nurse Practitioner ☐ Physician's Assistant
- Statement completed by: (Please print clearly)
Name & Title/Profession: _____
Business Address: _____
Business Telephone Number: _____
- Date(s) of evaluation: _____
Place(s) of evaluation: _____
Amount of time spent on evaluation: _____
Length of time the proposed Ward has been your patient: _____
Proposed Ward's language preference: _____

- Is the proposed Ward presently taking medication? ☐ Yes ☐ No If yes, what is the medication, dosage, and purpose?
[Continue on page 4.]

Are there any signs of physical or mental impairments caused by the medications themselves?

- Is the proposed Ward mentally impaired? ☐ Yes ☐ No If yes, indicate the diagnosis below:
☐ Intellectual or Developmental Disabilities: (Please check the severity)
☐ Profound ☐ Severe ☐ Moderate ☐ Mild
☐ Mental Illness: Type and Severity _____

☐ Substance Abuse: Description _____

☐ Dementia: Type and Severity _____

☐ Other: Description, Type and Severity _____

[Continue comments on page 4.]

- During the examination did you notice an impairment of the proposed Ward's:

a) Orientation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
b) Speech	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
c) Motor Behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
d) Thought Process	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
e) Affect	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
f) Memory	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
g) Concentration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
h) Comprehension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
i) Judgment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
- Please describe any impairments identified in question six: [Continue comments on page 4.]

- Is the proposed Ward physically impaired? i.e. visual, mobility, hearing, etc. ☐ Yes ☐ No If yes, please describe:

- Are there any special characteristics of the proposed Ward which should be considered in evaluating the proposed Ward for guardianship: ☐ Yes ☐ No If yes, please explain: _____

Standard Probate Form 17.1
was amended based upon
feedback received from
practitioners who complete
this form.

Revised xx/xx/20Revised xx/xx/20

SPF 17.8 Court Investigator's Report

Standard Probate Form 17.8 has been amended to reflect the amendments to Sup. R. 66 regarding ward visitation, effective July 1, 2022.

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

GUARDIANSHIP OF: _____
CASE NO: _____

**COURT INVESTIGATOR'S REPORT ON PROPOSED
GUARDIANSHIP**
[R.C. 2111.041]
GENERAL INFORMATION
[To be compiled by Probate Court Investigator]

Individual's age _____ Relationship to applicant _____
Individual's residence _____

Individual's highest level of education _____ Individual's marital status _____
Individual's job history _____

Grounds for application (R.C. 2111.01(D)): The individual is alleged to be:

☐ mentally impaired as a result of a mental illness or disability.
☐ mentally impaired as a result of a physical illness or disability.
☐ mentally impaired as a result of intellectual disability.
☐ mentally impaired as a result of chronic substance abuse.
☐ any person confined to a correctional institution within this state.

so that:

☐ the individual is incapable of taking proper care of the individual's self.
☐ the individual is incapable of taking proper care of the individual's property.
☐ the individual fails to provide for the individual's family or other individual for whom the person is charged by law to provide.

Documentation submitted and date of evaluation _____
Referral Source: _____

17.8 - COURT INVESTIGATOR'S REPORT ON PROPOSED GUARDIANSHIP

CASE NO. _____

INVESTIGATOR'S REPORT

I. Service of Notice

☐ Made at Individual's home
☐ Made in Hospital, Nursing Facility, or Community-Based Care Facility:

Name of Facility _____
Address of Facility _____
Administrator or representative served _____
☐ Other _____

Date of Service of Notice: _____
Others present during the contact (if yes, list name and relationship) _____

A. Individual's understanding of the concept of guardianship:
☐ Good ☐ Fair ☐ Poor ☐ Unable to determine.
Explain: _____

B. Individual's attitude to the concept of guardianship:
☐ Consenting ☐ Opposed ☐ Unable to determine.
Explain: _____

C. Specific requests of the individual concerning enumerated rights: _____

II. Mental and Physical Conditions of Individual

A. Individual's reported mental and physical diagnosis: _____
Individual's reported medications: _____
Reported by whom: _____

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SPF 17.8 continued

CASE NO. _____

B. Mental Status Observations: During interview were impairments noted in the Individual's:

	Yes	No	Unable to Determine
1. Orientation (Person, Place and Time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Thought Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Affect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Concentration & Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain further if necessary: _____

C. Describe the Physical Condition of Individual

1. Isolation _____

2. Eating Habits _____

3. Significant Weight Loss or Gain _____

4. Sleep Habits _____

5. Mobility/any issues _____

Explain further if necessary: _____

D. Describe the Environmental or Living Condition of the Individual:

1. Housing & Sanitation _____

2. Risk of Accidents _____

3. Physical Barriers _____

4. Resource Availability _____

Explain further if necessary: _____

III. Functional Capacities

Activities and Instrumental Activities of Daily Living

	Capable	Incapable	Unable to Determine
1. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Transfer from bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3

CASE NO. _____

	Capable	Incapable	Unable to Determine
6. Handling personal finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Doing housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Using telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Taking medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain further if necessary: _____

IV. Additional Items Affecting Guardianship Plan Development

A. Are there any indications or allegations of substance abuse by the individual or significant others that could impact the guardianship issue? Yes ☐ No ☐ Explain and recommend actions needed: _____

B. Are there any special characteristics of the individual (including aggressive, violent, or sexual behaviors, or other vulnerabilities) that pose a risk to self or others, which should be considered as guardianship decisions on living arrangements and supervision are made? Yes ☐ No ☐ Explain the characteristics and make recommendations: _____

C. Are there any allegations or indications of abuse, neglect, or exploitation of the individual? Yes ☐ No ☐ Explain and recommend needed actions: _____

D. Is there a need for additional medical, psychiatric or psychological testing? Yes ☐ No ☐ If yes, give specific recommendations: _____

4

SPF 17.8 continued

CASE NO. _____

E. Are there inconsistencies between the Expert Evaluation and the Court Investigator's findings that need further review by the Court? Yes ☐ No ☐ If yes, identify the inconsistencies and make a recommendation(s) to the Court: _____

F. Are there unresolved issues/conflicts/differences among the parties? Yes ☐ No ☐
If yes, would mediation be of assistance? Yes ☐ No ☐

Explain: _____

G. Is there a power of attorney for financial affairs? Yes ☐ No ☐ Unknown ☐ If yes, where is it located? _____

Who is the attorney-in-fact? _____

H. Is there a last will and testament? Yes ☐ No ☐ Unknown ☐ If yes, where is it located? _____

I. Is there a durable power of attorney for health care/living will? Yes ☐ No ☐ Unknown ☐

If yes, where is it located? _____

Give name and address of attorney-in-fact: _____

J. Is there an advance directive for mental health care? Yes ☐ No ☐ Unknown ☐ If yes, where is it located? _____

Give name and address of attorney-in-fact: _____

K. Is the individual a veteran? Yes ☐ No ☐

L. Does the individual have regular visitors? Yes ☐ No ☐

Source of the information: _____

M. If yes, who: _____

Relationship of visitor(s) to individual: _____

N. Did the individual express a desire to have visitors? Yes ☐ ☐

If yes, who? _____

If no, why not? _____

CASE NO. _____

V. RECOMMENDATIONS: Given the above information and Expert Evaluations(s):

A. IS A GUARDIANSHIP NECESSARY?

☐ Yes

☐ Person Only

☐ Estate Only

☐ Person and Estate

☐ Limited

List Duties: _____

☐ No

Explain and recommend any less restrictive alternative(s): _____

B. NECESSITY FOR THE APPOINTMENT OF:

☐ Attorney ☐ Independent Expert Evaluator

Are there special urgency needs? Explain: _____

C. VISITATION RECOMMENDATION:

Remarks: _____

Proposed Standard Probate Form ____ Guardian Applicant Questionnaire

“Guardian Applicant Questionnaire” - This is a new Proposed Standard Probate form to assist the Court in obtaining additional information regarding the applicant and the proposed ward.

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

The Guardianship of: _____
Case No. _____

GUARDIAN APPLICANT QUESTIONNAIRE

Name: _____ D.O.B.: _____

Address: _____

Phone: _____ Occupation/Employment: _____

Alt. Phone: _____ Highest Education: _____

1. What is your relationship to the proposed ward? _____

2. Are you a service provider to the proposed ward? ☐ Yes ☐ No

If yes, explain: _____

3. Are you any of the following? ☐ 1st time Guardian ☐ Professional Guardian
☐ Other ☐ Public Guardian ☐ Financial Institution

GUARDIAN APPLICANT HISTORY:

Number of Guardianship Cases: _____ previous: _____
current: [Please check all that apply to you]

- | | | |
|---|---|--|
| <input type="checkbox"/> Removed as a Guardian | <input type="checkbox"/> Driver's license revoked | <input type="checkbox"/> Surcharge imposed |
| <input type="checkbox"/> Served/serves as Representative Payee | <input type="checkbox"/> Bonded/Insured | <input type="checkbox"/> Criminal history |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Poor credit history | <input type="checkbox"/> Protective Orders against you |
| <input type="checkbox"/> Adult Protective Services complaints against you | | |

If checked, explain: _____

Case No: _____

5. Are you financially dependent or emotionally dependent on the proposed ward? ☐ Yes ☐ No
If yes, explain: _____

a. Do you receive money, from any source, for your involvement or care of the proposed ward?
☐ Yes ☐ No If yes, please list source(s) below.

6. How long have you known the proposed ward? _____
Describe the relationship with the proposed ward, including how often you meet with them, and activities you participate in when you meet.

7. Did anyone recommend a guardianship application be filed? ☐ Yes ☐ No
If yes, who recommended and why? _____

8. What do you believe are the behaviors that make the appointment of a guardian necessary?

9. What solutions to these problems have been tried before filing for guardianship?

10. Why do you want to become guardian of the proposed ward?

11. Are you in sufficiently good health, mentally and physically, and with sufficient energy to meet guardianship duties?
☐ Yes ☐ No If no, please explain below: _____

12. Do you know of anyone else who would also be interested in becoming the guardian or will be helping you fulfill guardianship responsibilities? ☐ Yes ☐ No

Proposed Standard Probate Form _____ continued

Case No: _____

Explain: _____

13. In general, what is your plan for overseeing the care of the proposed ward?

a. Do you have sufficient time to fulfill guardianship duties? ☐ Yes ☐ No
Explain: _____

b. Are you familiar with the proposed ward's medical problems and medications? ☐ Yes ☐ No

c. List the names of any community service providers and the nature of the services they provide. (APS, V/A, Senior Services, Local DD Board) _____

d. Where will the proposed ward live? _____

e. Is this an adequate setting? ☐ Yes ☐ No

f. Does this setting meet the needs of the proposed ward? ☐ Yes ☐ No
Explain: _____

g. What is the distance from your residence? _____

h. How often do you plan to visit, and how will you oversee these living arrangements?

i. Have social activities, recreation and entertainment been considered? Please explain:

j. How will transportation for medical care, recreation, etc. be handled?

Form _____ - Guardian Applicant Questionnaire
Page 3 of 5

Case No: _____

k. If proposed ward will be living with you, what arrangements will you make or have made to care for the proposed ward? _____

14. **MENTAL STATUS OBSERVATION CHECKLIST:** Record your observational impressions of the proposed ward on a scale of 1 for significant impairment to 5 for average/normal functioning. Comments are encouraged.

	<u>Rating</u>	<u>Comment</u>
a. Orientation (Person, Place and Time)	_____	_____
b. Speech	_____	_____
c. Motor Behavior	_____	_____
d. Thought Process	_____	_____
e. Affect (mood and emotions)	_____	_____
f. Memory	_____	_____
g. Concentration & Comprehension	_____	_____
h. Judgment	_____	_____

15. **FUNCTIONAL LIMITATIONS:**

Cognitive concerns: _____
☐ Behavioral Disturbance ☐ Confusion ☐ Concentration ☐ Memory ☐ Unknown

Mental health concerns: _____
☐ Anxiety ☐ Delusions ☐ Depression ☐ Hallucinations
☐ Hoarding ☐ Impulsive behavior ☐ Substance abuse ☐ Unknown

Physical concerns: _____
☐ Frequent falls ☐ Hearing ☐ Mobility ☐ Pain
☐ Physical frailty ☐ Verbal Communication ☐ Vision ☐ Unknown

16. Is the proposed ward aware of the plans for guardianship as outlined in the above information?
☐ Yes ☐ No

Form _____ - Guardian Applicant Questionnaire
Page 4 of 5

Proposed Standard Probate Form _____ continued

Case No: _____

If yes, is the proposed ward in agreement with the plans for guardianship as outlined in the above information? Explain below. _____

17. Do you currently have a power of attorney for the proposed ward? ☐ Yes ☐ No
If yes, describe: _____
If no, who does and what is their relationship to the proposed ward? _____

18. Do you now or have you ever assisted the proposed ward with his/her finances? ☐ Yes ☐ No
Please explain: _____

19. Is the proposed ward a veteran? ☐ Yes ☐ No

20. Have you completed the *Service of Notice Information for Adult Guardianship* (SPF _____)?
☐ Yes ☐ No *Hearing may not be scheduled until it is filed.*

Remarks:

_____ Date	_____ Signature of person completing form
_____ Title	_____ Printed Name
	_____ Email Address

Form _____ - Guardian Applicant Questionnaire
Page 5 of 5

Proposed Standard Probate Form _____.0

Service of Notice Information

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

The Guardianship of: _____

Case No. _____

SERVICE OF NOTICE INFORMATION FOR ADULT GUARDIANSHIPS (R.C. § 2111.04)

You are asking to be appointed guardian for an adult. Ohio law requires that the prospective ward be visited and personally served notice of the application by a Probate Court Investigator. The below information is required in order to assist the Court Investigator in this process.

Please provide the requested information with your application. Do not answer "Unknown".

- At the time of the filing of the Application for Guardianship, the proposed ward is physically at: ☐ Home ☐ Facility ☐ Other
Address: _____
- Does the proposed ward leave the above location on a regular basis (day care, etc.) during the day? ☐ Yes ☐ No
If yes, explain: _____
- Other community or government services offered to proposed ward: _____
- Please provide a name and phone number of a person who can be contacted by the Court Investigator so that the Court Investigator may arrange a visit with the proposed ward. (Case manager, social worker, nurse, parent, applicant or attorney)
 - Contact person's name: _____
 - Contact person's relation to proposed Ward: _____
 - Telephone number: _____
 - Best time for Court Investigator to contact: _____

“Service of Notice Information for Adult Guardianships” - This is a new Proposed Standard Probate form drafted to assist the Court Investigator in locating the proposed ward to serve and notify the proposed ward of their rights and complete the Court Investigator’s Report as provided for in R.C. 2111.041.

Case Number: _____

- Has the proposed ward been told of the pending action? ☐ Yes ☐ No
- To ensure safety, should the Court Investigator be accompanied by someone or require assistance? ☐ Yes ☐ No
If yes, explain: _____

Date: _____

Applicant's Signature _____

CAUTION: The hearing may not be held unless this visit is completed at least 7 days prior to the hearing date. If there is any change in the location of the proposed ward from the time the application is filed to the hearing date, please contact _____ at _____.

Civil Commitment

- Standard Probate Form 26.0
 - Petition for Involuntary Treatment for Alcohol and Other Drug Abuse

SPF 26.0

PROBATE COURT OF _____, OHIO
_____, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

**PETITION FOR INVOLUNTARY TREATMENT FOR
ALCOHOL AND OTHER DRUG ABUSE**
(R.C. 5119.93)

RESPONDENT: _____

RESPONDENT'S Residence Address: _____

RESPONDENT'S Current Location (if different): _____

PETITIONER: _____

PETITIONER'S Address: _____

PETITIONER'S Phone Number: _____

PETITIONER'S E-mail Address: _____

States that he/she is:

☐ Spouse ☐ Relative _____ ☐ Guardian of the above-named Respondent
(Relationship)

PETITIONER further states that the name, address and residence of person related to the Respondent are (if living and known)

Parents or guardian: _____
Name and complete address

Spouse: _____
Name and complete address

Person having custody of Respondent: _____
Name and complete address

Near Relative: _____
Name and complete address

Other: _____
Name and complete address

CASE NO. _____

PETITIONER believes that Respondent is a person suffering from alcohol and/or other drug abuse because: (state facts to support belief). **If the Petitioner believes the Respondent is suffering from opioid or opiate abuse, the Petitioner shall state whether the Respondent has overdosed and been revived by an opioid antagonist one or more times or whether the Respondent has overdosed in a vehicle or in the presence of a minor.** Please explain.

PETITIONER also believes that the Respondent presents an imminent danger or imminent threat of danger to self, family or others, if not treated for alcohol or other drug abuse, because: (state facts to support belief).

Standard Probate Form 26.0 was amended to comport with the statutory changes to R.C. 5119.93, which went into effect on April 6, 2023.

SPF 26.0 continued

CASE NO. _____

Check one:

☐ Certificate of Physician is attached. Exam must be within two days prior to filing date of Petition
OR
☐ Respondent has refused all requests made by me, the Petitioner, to undergo a physician's examination.

Petition is accompanied by: (check one or more)

☐ A security deposit in the amount of \$_____, representing one-half of the estimated cost of treatment;
OR
☐ Documentation establishing that the petitioner or respondent will be able to cover at least one-half of the estimated cost of treatment;
OR
☐ Other evidence to the satisfaction of the Court establishing that the petitioner or respondent will be able to cover some of the estimated cost of treatment.

Petition shall also be accompanied by: (check one or more)

☐ Guarantee of Payment form;
OR
☐ Documentation establishing insurance coverage of petitioner or respondent will cover the full cost of treatment;
OR
☐ Documentation that petitioner or respondent will cover some of the estimated cost of treatment.

Form 26.0 – PETITION FOR INVOLUNTARY TREATMENT FOR ALCOHOL AND OTHER DRUG ABUSE REVISED 9/2021

CASE NO. _____

The petitioner represents that all of the above information is true and accurate.

Signature of Attorney _____ Signature of Petitioner _____

Name of Attorney (Please Print) _____ Name of Petitioner (Please Print) _____

Attorney Registration Number _____

Sworn before me and signed in my presence on the _____ day of _____, _____.

Notary Public _____

VERIFICATION OF TREATMENT BY PETITIONER
*** A statement from Facility MUST accompany this petition***

_____ the petitioner, has arranged for the treatment of
Name of Petitioner

_____ to be facilitated by:
Name of Respondent

Name of Treatment Provider _____

Full Address of Treatment Provider (Street, City, State, Zip Code) _____

Form 26.0 – PETITION FOR INVOLUNTARY TREATMENT FOR ALCOHOL AND OTHER DRUG ABUSE REVISED 9/2021

SPF 26.0 continued

GUARANTEE OF PAYMENT (R.C. 5119.93(D)(2))

Pursuant to O.R.C. 5119.93(D)(2), either the Petitioner or other authorized person (spouse, relative or guardian) shall guarantee any and all costs and fees for examinations, hearing cost and treatment for the Respondent for alcohol and other drug abuse as may be herein after ordered by the Court. The GUARANTEE below shall be completed by either the Petitioner or other authorized person.

By my signature below, I do hereby assume responsibility for and GUARANTEE PAYMENT FOR ALL COSTS incurred on behalf of Respondent for all alcohol and other drug abuse treatment, including, but not limited to, initial examination and transportation costs, and hearing costs, as hereinafter ordered by the Court.

Signature _____ Date _____

Name (Please Print) _____

Relationship to Respondent (Petitioner, Spouse, Relative or Guardian) _____

Complete Billing Address _____

Sworn before me and signed in my presence on the _____ day of _____, _____.

Notary Public

IV. ATTORNEY FEES

Statutory Law

- Ohio Revised Code Section 2113.36 - Counsel Fees
- “When an attorney has been employed in the administration of the estate, reasonable attorney fees paid by the executor or administrator shall be allowed as a part of the expenses of administration.”
 - “The Court may at any time during administration fix the amount of those fees and, on application of the executor or administrator or the attorney, shall fix the amount of the fees. ”



Statutory Law cont'd



- O.R.C. § 2127.28 - Distribution of Money Received
 - The Probate Court may determine what fees are reasonable for services performed by attorneys for the fiduciary in connection with the sale of real estate.
- O.R.C. § 2107.75 - Administration of Costs of Purported Will
 - In defense of a questionable will, the court shall allow as part of the costs of administration such amounts to the fiduciary and attorney as the trial court finds to be reasonable.



Statutory Law cont'd

- O.R.C. § 2721.16 - Award of Attorney Fees - Declaratory Relief
 - The Court may allow an award of attorney's fees if fees would be awarded to a "fiduciary, beneficiary, or other interested party, the attorney fees are to be paid out of trust property, estate property, or other property that is the subject of a fiduciary relationship and that is involved in that claim or proceeding for declaratory relief and the attorneys fees are awarded in accordance with equitable principles that permit recovery of attorney's fees incurred for services that are beneficial to the trust or estate."



Ohio Rules of Superintendence

- Rule 71 - Counsel Fees

- (A) Attorney fees governed by 1.5 of Ohio Rules of Professional Conduct.
- (B) Attorney fees for administration of estate shall not be paid until the final account is prepared for filing unless otherwise approved by the Court upon application and for good cause shown.
- (C) Attorney fees may be allowed if there is a written application which sets forth the amount requested and will be awarded only after proper hearing, unless otherwise modified by local law.



Ohio Rules of Superintendence cont'd

- Sup. Rule 71
 - (D) The Court may set a hearing on any application for allowance of atty. fees regardless of the fact that the required consents of the beneficiaries have been given
 - (E) Except for good cause shown, atty. fees shall not be allowed to attys. representing fiduciaries who are delinquent in filing the accts. required by R.C. 2109.30.
 - (F) If a hearing is scheduled on an app. for atty. fees, notice shall be given to all parties affected by the payment of fees, unless otherwise ordered by the Court



Ohio Rules of Superintendence cont'd

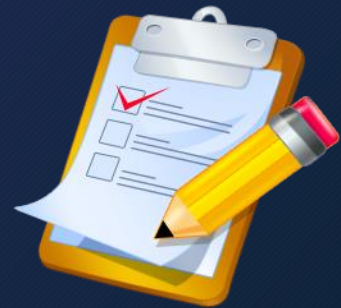
- Sup. Rule 71

- (G) An application shall be filed for allowance of counsel fees for services rendered to guardian, trustee, or other fiduciary. The app. may be filed by fiduciary or attorney. The app. shall set forth a statement of services rendered and amount claimed in conformity with division (A) of this rule.
- (H) There shall be no minimum or maximum fees that automatically will be approved by the court.
- (I) Prior to a fiduciary entering contingency fee agreement with attorney, an application shall be filed with the court and subject to court approval, unless otherwise ordered by local rule.



Ohio Rules of Professional Conduct

- Rule 1.5 - Lists the factors the Court should consider when determining the reasonableness of a fee
 - Time and labor required, novelty and difficulty of the questions involved, and the skill requisite to perform the legal service properly;
 - Likelihood, if apparent to client, that acceptance of the particular employment will preclude other employment by the lawyer;
 - The fee customarily charged in the locality for similar legal services;
 - The amount involved and the results obtained;
 - The time limitations imposed by the client or by the circumstances;
 - The nature and length of the professional relationship with the client;
 - The experience, reputation, and ability of the lawyer performing the services;
 - Whether the fee is fixed or contingent.



Ohio Rules of Professional Conduct cont'd



- The nature & scope of representation and basis of fee or rate shall be communicated to client
- Fee may be contingent, except when prohibited by 1.5(D)
 - Contingent fee agreement must be in writing signed by client and lawyer; and state method by which fee is to be determined
 - If lawyer entitled to compensation under contingency fee agreement, lawyer shall prepare closing statement and provide it to client; specify method by which compensation determined

Ohio Rules of Professional Conduct cont'd

- Lawyers who are not in the same firm may divide fees only if all of the following apply:
 - Division of fees in proportion to services performed by each lawyer or each assumes joint responsibility
 - Client has given *written* consent after full disclosure of the identity of each lawyer, that fees will be divided, and division will be in proportion to services / joint responsibility
 - Except where court approval of fee obtained, written closing statement in case signed by client and each lawyer complying with division (c)(2) of this rule
 - Total fee is reasonable
 - If dispute arises, fees divided in accordance with mediation or arbitration by local bar association



Stark County Local Rule 71.1

- Attorney Serving as Fiduciary

- In all matters where an attorney is appointed as the fiduciary of an estate, guardianship, or trust, and the fiduciary is also the attorney of record, detailed records describing the services provided as an attorney, including time involved shall be maintained and upon request shall be submitted to the Court for review. Rule 1.5 of the Ohio Rules of Professional Conduct shall govern the reasonableness of all fees, notwithstanding statutory allowances. The Court assumes an attorney appointed as fiduciary has been selected due to the attorney's special knowledge and abilities resulting in the prompt and efficient administration of the estate, guardianship, or trust.
- The Court may determine fees after a hearing or without hearing, regardless of the submission of consents to fees.

Stark County Local Rule 71.2

- Counsel Fees- Decedent's Estate

- A. Where the primary beneficiaries have consented in writing to the amount of counsel fees, an application need not be made for the allowance, provided the consent is endorsed on the fiduciary's account or evidenced by a separate instrument filed with the account.
- B. Where the attorney on application to the court prior to or during administration requests a fixed fee, the court, if it deems appropriate and after appropriate notice to the interested parties, will then fix a reasonable fee for services beneficial to the administration of the estate.
- C. Counsel fees for the administration of a decedent's estate shall be reasonable and beneficial to the estate. The application for fees shall be in writing which sets forth the details supporting the calculations on which the requested fees are based.
- D. Counsel fees for the administration of a decedent's estate as set forth below may serve as a guide in determining fees to be charged to the estate for legal services of an ordinary nature rendered as attorney for the fiduciary in the complete administration of a decedent's estate

Stark County Local Rule 71.2 cont'd

• Counsel Fees- Decedent's Estate (Cont'd)

- E. Such schedules, however, are not to be considered or represented to clients as schedules of minimum or maximum fees to be charged.
 - 1. On the personal property which is subject to administration and for which the fiduciary is charged and upon the proceeds of real estate that is sold under a power of will as follows:
 - a. For the first \$100,000.00 at a rate of 4.5%;
 - b. All above \$100,000.00 and not exceeding \$400,000.00 at the rate of 3.5%;
 - c. All above \$400,000.00 at the rate of 2.5%.
 - 2. On real property that is not sold at a rate of 2%.
 - 3. On real estate sold by judicial proceedings according to the judgment entry confirming the proceedings.
 - 4. On all other property not included in this rule:
 - a. If a federal estate tax return is not required, 1 1/2% of all such property subject to Ohio estate tax. 8
 - b. If a federal estate tax return is required, 2 1/2% of all such property subject to federal estate tax.
- F. Where the attorney, law partner or firm associate is appointed as fiduciary, the total administration fee may not exceed the statutory fiduciary commission plus one half of the guideline counsel fee.
- G. If by reason of the application of the above percentages to values of assets a disparity or injustice results, such disparity or injustice may be reviewed on the court's own motion in respect of any account reflecting such compensation or upon exceptions to such an account.

Stark County Local Rule 71.3

Guardianships-

Counsel fees for the administration of a guardianship shall be those reasonable and beneficial to the guardianship. The application for fees shall be in writing which sets forth the details supporting the calculations on which the requested fees are based.



Issues & Case Law - Jurisdiction

- Probate Court has exclusive jurisdiction to determine reasonable attorney fees in estate - Watters v. Love (1965), 1 Ohio App.2d 571
- In a review of the jurisdiction of the probate court set forth in R.C. 2101.24 and holdings of the Supreme Court the Court determined that the probate court had exclusive jurisdiction over all matters pertaining directly to the administration of estates. Sean Gregor & Assoc. Co. LPA v. Ian N. Friedman Assoc, LLC., 2008-Ohio-5120.



Issues & Case Law - Party Compromise

- Probate Court has exclusive jurisdiction to set attorney fees. A compromise figure of attorney fees between the parties is not binding on the court. The criteria are reasonableness and benefit to the estate. In re Estate of Cercone (1969), 18 Ohio App.2d 26.



Issues & Case Law - Burden of Proof

- Burden of proof is on the attorney to introduce into the record sufficient evidence of services performed and a reasonable value for such services.
In re Estate of Verbeck (1962), 173 Ohio St. 557.



Issues & Case Law - Inventory Values and Itemized Bills

- Attorney fees cannot be based solely on percentage formula of the inventory values. In re Estate of Hickok (1953), 159 Ohio St. 282.
- In determining award of attorney fees, the time and labor of the attorney for the prevailing party is only one of the many factors to be given consideration. In re Estate of Ziechmann (1987), 41 Ohio App. 3d 214.



Issues & Case Law - Benefit to the Estate



- Court should determine amount of fees based on reasonableness not fiduciary contract - criteria of reasonableness is value and benefit to the estate, not to fiduciary or other party. In re Estate of Bankroft (1959), 163 N.E. 2d 68.
- Probate Court has discretion to determine allocation of estate funds for attorney fees on behalf of fiduciary. In re Estate of Zeichmann (1987), 41 Ohio App. 3d 214.
- "A probate court is not bound to accept an attorney's itemization of services performed on behalf of an estate and its fiduciary." In re Estate of Murray, 11th Dist. Trumbull No. 2004-T-0030, 2005-Ohio-1892, ¶ 24.
- Fees which are reasonable must be reasonable from standpoint of attorney rendering services and estate of which payment being made. Watters v. Love (1965), 1 Ohio App. 2d 571.

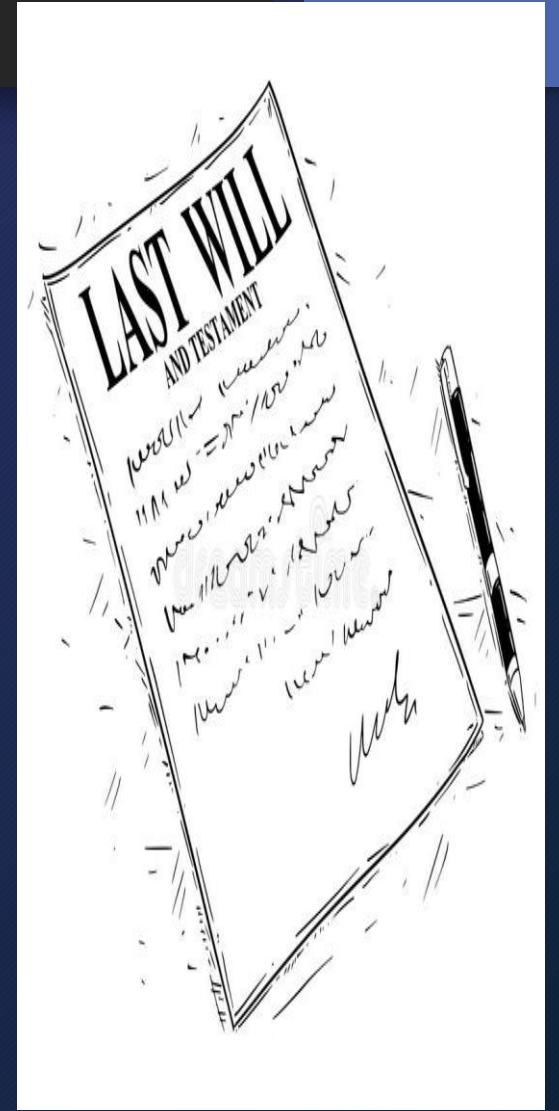
Issues & Case Law - Fees for Beneficiaries' Counsel

- In re Keller (1989), 65 Ohio App. 3d 650
- In re Estate of Colosimo (1957), 104 Ohio App. 342
- Probate Court may authorize payment of reasonable attorney fees from estate to attorney employed by heir or beneficiary where attorney's services were rendered to the benefit of whole estate - "whether or not all of the beneficiaries or distributees of the estate, in their capacity as such, have become entitled to receive from the assets of the estate, when distributed, greater sums than those which they would have received had such attorney's services not been rendered." In re Estate of Brown, (1992), 615 N.E. 2d 319.



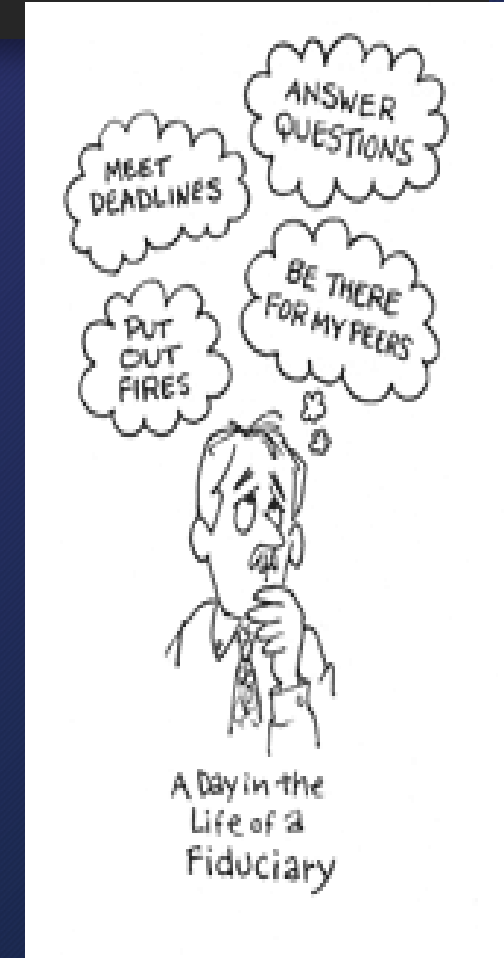
Issues and Case Law - Fees in Will Contest

- In will contest action, neither the beneficiaries of a defeated will nor their attorneys are entitled to compensation under O.R.C. 2107.75, which applies only to the fiduciary and the fiduciary's attorney. In re Estate of Zonas (1989), 42 Ohio St. 3d 8.
- Attorney who represented executor in unsuccessful will contest was entitled to reasonable attorney fees; executor was not acting solely for his own benefit, but acted on behalf of co-beneficiary and successful defense would have benefited entire estate. In re Estate of Szczotka (2006), 166 Ohio App. 3d 124.



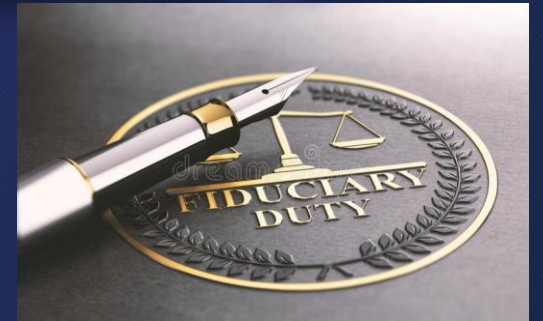
Issues & Case Law - Attorney Fees and Fiduciary Fees

- Fiduciary who is an attorney may perform his own legal services & shall be allowed reasonable compensation for services. In re Estate of Cramer (1946), 46 Ohio L. Abs. 521.
- Fiduciary seeking attorney fee & broker's commission must demonstrate that he properly acted in dual capacity, and performed services as broker to justify additional fees. Ollick v. Rice (1984), 16 Ohio App. 3d 448.
- Burden of proving reasonableness of attorney fees on executor - when executor is the attorney, reasonableness must be demonstrated on the record by executor. When attorney is fiduciary, fee is not reasonable if attorney bases his fee for non-legal work on normal legal service rates. In re Estate of Secoy (1984), 19 Ohio App. 3d 269.



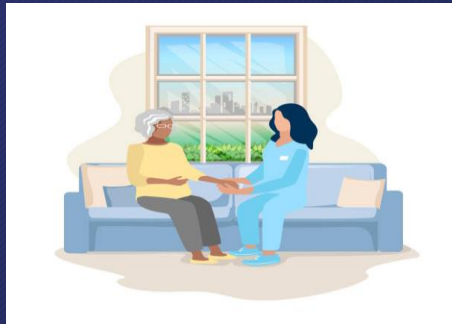
Issues & Case Law - Attorney Fees and Fiduciary Fees

- Executor or Administrator may employ counsel to assist him in performance of ordinary services and counsel's compensation, if reasonable, is part of administration expense, but facts don't always justify employment of counsel.
- Fiduciary administering estate under will or law undertakes certain duties respecting his qualifications as fiduciary, investigation into assets, arrange for appraisals, filing inventory & appraisement, determine & payment of taxes, filing of schedule of debts, allowance of claims, etc. In re Estate of Harry W. Haggerty, 128 N.E. 2d 680.



Issues & Case Law -- Guardianship

- Ward cannot bind guardianship estate to obligations based on contract unless ratified by guardian. Probate Court shall determine what constitutes necessary service. 3 part test established to determine if payment of attorney fees from guardianship estate is merited. Court determines whether attorney acted in good faith, services were necessities, whether actions benefitted the guardianship. In re Guardianship of Allen (1990), 50 Ohio St. 3d 142.



Issues & Case Law - Contingent Fee Contracts

- “Contingent-fee agreements serve an important function in our society in that they increase the public's access to legal services.” *Cent. Tr. Co. v. Warburg*, 104 Ohio App.3d 186, 189-90, 661 N.E.2d 275, 277 (1st Dist.1995).
- Probate Court can review contingency fee agreement even it had been approved earlier. Although agreement may have been fair, customary, and reasonable at time it was made and initially approved, the final circumstances of the case may require re-evaluation. In re Estate of York (1999), 727 N.E. 2d 607.



Issues & Case Law - Sanctions

- R.C. 2323.51(B)(1) applies more broadly than Civ.R. 11 and permits the court to award attorney fees and costs to any party adversely affected by frivolous conduct of another party or that party's attorney, even if that conduct is not related to a pleading, motion, or other document. *In re Estate of Abraitis*, 8th Dist. Cuyahoga No. 104816, 2017-Ohio-5577, ¶ 13.
- Probate courts have, without question as to their authority to do so, awarded sanctions for frivolous conduct under authority of R.C. 2323.51. *Id.*



NEW PROBATE FORMS

PROBATE COURT OF
, JUDGE

COUNTY, OHIO

ADOPTION OF _____
(Name after adoption)

CASE NO. _____

NOTICE OF HEARING ON PETITION FOR ADOPTION

Notice must be served not less than 20 days before the date of hearing

[R.C. 3107.11]

To: _____
(Give Names and Addresses)

You are hereby notified that on the _____ day of _____, _____, filed in this Court a Petition for Adoption of _____, a minor, whose date of birth is _____, and for change of the name of the minor to _____. This Court, located at _____

will hear the petition on the _____ day of _____, _____ at _____ o'clock _____ M.

It is alleged in the petition, pursuant to R.C. 3107.07, that the consent of _____ is not required due to the following:

☐ That person is a parent who has failed without justifiable cause to provide more than de minimis contact with the minor for a period of at least one year immediately preceding the filing of the adoption petition or placement of the minor in the home of the petitioner. (Name)

☐ That person is a parent who has failed without justifiable cause to provide for the maintenance and support of the minor as required by law or judicial decree for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner.

☐ State other grounds under R.C. 3107.07 (includes putative father of the minor born prior to January 1, 1997).

"A FINAL DECREE OF ADOPTION, IF GRANTED, WILL RELIEVE YOU OF ALL PARENTAL RIGHTS AND RESPONSIBILITIES, INCLUDING THE RIGHT TO CONTACT THE MINOR, AND, EXCEPT WITH RESPECT TO A SPOUSE OF THE ADOPTION PETITIONER AND RELATIVES OF THAT SPOUSE, TERMINATE ALL LEGAL RELATIONSHIPS BETWEEN THE MINOR AND YOU AND THE MINOR'S OTHER RELATIVES, SO THAT THE MINOR THEREAFTER IS A STRANGER TO YOU AND THE MINOR'S FORMER RELATIVES FOR ALL PURPOSES, WITH THE EXCEPTION OF DIVISION (A)(1)(b) OF SECTION 3107.15 OF THE REVISED CODE. IF YOU WISH TO CONTEST THE ADOPTION, YOU MUST FILE AN OBJECTION TO THE PETITION WITHIN FOURTEEN DAYS AFTER PROOF OF SERVICE OF NOTICE OF THE FILING OF THE PETITION AND OF THE TIME AND PLACE OF HEARING IS GIVEN TO YOU. IF YOU WISH TO CONTEST THE ADOPTION, YOU MUST ALSO APPEAR AT THE HEARING. A FINAL DECREE OF ADOPTION MAY BE ENTERED IF YOU FAIL TO FILE AN OBJECTION TO THE ADOPTION PETITION OR APPEAR AT THE HEARING."

RIGHT TO AN ATTORNEY:

You have the right to be represented by an attorney of your choice. If you are unable to afford an attorney, you must request an attorney when you receive this Notice and complete an affidavit of indigency form at the Court to determine if you qualify for appointed counsel. You may contact the Court at _____ - Probate Judge

By: _____
Deputy Clerk

CASE NO. _____

The State of Ohio, _____ County Probate Court

I hereby certify that I caused a copy of the within notice to be mailed, by certified mail, to the last known address of

At _____

At _____

_____ Probate Judge

By: _____
Deputy Clerk

RETURN

_____ County, Ohio

_____, _____

Received this writ on the _____ day of _____, at _____
o'clock _____. M., and on the _____ day of _____, _____. I served the same
by delivering a true copy thereof personally to _____

FEES

Service and return, 1st name, \$ _____

_____ Additional names, at \$ _____

_____ Miles traveled, at \$ _____

Total \$ _____

Sheriff

Deputy Sheriff

Name

Title

1 PROBATE COURT OF

2 COUNTY, OHIO

3 IN RE: WILLS OF ATTORNEY

4
5 CASE NO.

6
7 NOTICE OF WILL LOCATION

8
9 Applicant hereby notifies this court and the public that the original, executed wills in the possession of
10 attorney, Supreme Court of Ohio Registration Number, are
11 located as follows:

12
13 ☐ With Ohio-licensed attorney, Supreme Court of Ohio Registration
14 Number of (contact information available through Supreme Court of Ohio Attorney
15 Registration Database);

16
17 ☐ With the Supreme Court of Ohio Office of Disciplinary Counsel;

18
19 ☐ With the law firm located at

20
21
22 ☐ With the Probate Court of County, Ohio;

23
24 ☐ Have been destroyed.

25
26 For wills that have not been destroyed, Applicant has prepared an alphabetical listing of all testators covered
27 by this notice. That list and this notice shall be filed with the Office of Disciplinary Counsel. That office will
28 keep a record of all notices received and post the attorney's name and the location of that attorney's wills,
29 as indicated above, on its website (www.odc.ohio.gov). Applicant requests that this notice document be
30 made a public record in this court under the deceased attorney's estate or under a miscellaneous case
31 number for an attorney who is deceased (if no estate has been filed), retired, disabled, disappeared,
32 disciplined, or deported per Gov.Bar R. V(26).

33
34
35
36 Applicant Signature

37 Typed or Printed Name

38
39 Address

40
41
42 Email Address

43 ()
44 Phone Number

45 ☐ Check here if Applicant wishes name and contact information redacted.

46 By applying his/her signature above, Applicant certifies that this notice and the alphabetical listing of all
47 testators covered by this notice was provided to the Office of Disciplinary Counsel at 65 East State Street,
48 Suite 1510, Columbus, Ohio 43215, (614) 397-0700, fax (614) 387-9709, www.odc.ohio.gov on the
49 day of, 20

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

DISINTERMENT OF: _____, DECEASED

CASE NO. _____

APPLICATION FOR ORDER TO DISINTER REMAINS

[R.C. 517.24, 517.25, 2108.70 et seq]

The Applicant states that this Application is made to disinter the remains of the above-named Decedent by Court Order. The Decedent's remains are currently located in _____ cemetery, _____ County.

Applicant further states that the following information is true:

1. Applicant is an interested person of sound mind who is at least eighteen years old.
2. Applicant ☐ did or ☐ did not assume/have financial responsibility for the funeral and burial expenses of the decedent.
3. Applicant's relationship to Decedent is _____.
4. The remains will be re-interred at _____.

Name and Address)

5. Attached is Form 1.0 listing all persons who would have been entitled to inherit from the Decedent under R.C. Chapter 2105, if the Decedent had a Will, all legatees and devisees named in that Will, and if applicable, the person who has been assigned the rights of disposition for the deceased person under R.C. 2108.70 to 2108.90.

6. Notice of this Application and Hearing on the Application shall be given by certified mail return receipt requested to Decedent's surviving spouse, to all persons entitled to inherit if Decedent died without a Will, to all legatees and devisees named in Decedent's Will, and to the cemetery in which the Decedent's remains are interred in accordance with R.C. Section 517.24 unless waived. If notice is not given to any person specified above, Applicant shall file an affidavit specifying which persons were not given notice and the reason for not giving notice to those persons (See R.C. 517.24(2)(d)).

CASE NO. _____

7. Attached to this application are any written waivers waiving the right to receive the notice stated above.

8. Applicant states that the disinterment is not against Decedent's religious beliefs.

9. Decedent's cause of death was _____.

10. The Decedent did not die of a contagious or infectious disease, or if so, a permit has been issued by the appropriate Board of Health, attached.

11. To the best of Applicant's knowledge, the Decedent

☐ Had not executed a written Declaration of Assignment of Right of Disposition pursuant to R.C.2108.70 et seq.

☐ Had executed a written Declaration of Assignment of Right of Disposition pursuant to R.C. 2108.70 et seq. and a true and correct copy is attached.

☐ The written Declaration of Assignment of Right of Disposition is not available to Applicant.

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

Phone Number (include area code)

Phone Number (include area code)

Attorney Registration No.

Email address

Email address

Sworn to and subscribed in my presence this _____ day of 20_____.

Notary Public

PROBATE COURT OF _____ COUNTY, OHIO

_____, JUDGE

DISINTERMENT OF _____, DECEASED

CASE NO. _____

ORDER TO DISINTER REMAINS

An application for Order to Disinter Remains came on for hearing on the _____ day of _____, _____.

The Court finds that all interested parties, whose names and addresses are known, have been notified according to law or have waived notice of hearing on the application.

The Court further finds that the statements contained in the application are true and that no testimony was adduced to establish that disinterment would be against the decedent's religious beliefs.

The Court further finds that a permit ☐ has ☐ has not been issued pursuant to R.C. 517.23(B) by the Board of Health (or other authorized agency) and that if issued, has been filed herein.

It is the Order of this Court that:

(1) Applicant is hereby authorized to disinter the remains of the decedent from _____ Cemetery;

(2) Applicant is hereby authorized to reinter the remains of the decedent at _____ Cemetery;

(3) Unless the gravestone or marker is relocated to the site of reinterment, Applicant shall cause said gravestone or marker to remain at the site of original interment; and

(4) Applicant shall file a Verification of Reinterment within thirty (30) days that the remains of the decedent have been reinterred.

(5) The board of township trustees, the trustees or board of the cemetery association, or other officers having control and management of the municipal cemetery shall have a period of at least thirty days from the receipt of the order to perform the ordered disinterment.

Judge _____

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

STATEMENT OF EXPERT EVALUATION

[Sup. R. 66 & R.C. 2111.49]

Definition of Incompetent (R.C. 2111.01(D)): "Incompetent" means any person who is so mentally impaired, as a result of a mental or physical illness or disability, as a result of intellectual disability, or as a result of chronic substance abuse, that the person is incapable of taking proper care of the person's self or property or fails to provide for the person's family or other persons for whom the person is charged by law to provide, or any person confined to a correctional institution within this State." The examiner shall complete this statement using personal observations and prior history obtained during the examiners course of treatment / interaction with the proposed Ward.

This Statement of Evaluation does not declare the individual competent or incompetent. It is evidence to be considered by the Court. Probate Court **WILL NOT** pay the fee for completing this evaluation. The evaluator should secure payment from the Applicant or Guardian.

1. This Statement of Expert Evaluation is to be filed with or attached to:

- ☐ A. Guardianship Application: [Evaluation must be completed before the filing of and attached to the application.]

Evaluation completed by: ☐ Licensed Physician ☐ Licensed Clinical Psychologist

A physician's assistant or a nurse practitioner is NOT ACCEPTABLE for an initial application. Sup. R. 66(A)

- ☐ B. Application for Emergency Guardianship:

Evaluation completed by: ☐ Licensed Physician ☐ Licensed Clinical Psychologist

[NOTE: If this Statement relates to an emergency guardianship of the person, a Licensed Physician or a Licensed Clinical Psychologist must complete the Supplement for Emergency Guardian, Form 17.1A, specifying the details of the emergency, and why immediate action is required to prevent significant injury or death to the person. The Supplement must be signed by a Licensed Physician or a Licensed Clinical Psychologist, dated, and attached to this completed Statement.]

- ☐ C. Guardian's Report: [Evaluation must be completed within three months before the date of this Report. R.C. 2111.49]

Evaluation completed by: ☐ Licensed Physician ☐ Licensed Clinical Psychologist

☐ Licensed Independent Social Worker ☐ Licensed Professional Clinical Counselor

☐ Developmental Disability Team ☐ Certified Nurse Practitioner ☐ Physician's Assistant

2. Statement completed by: (Please print clearly)

Name & Title/Profession: _____

Business Address: _____

Business Telephone Number: _____

3. Date(s) of evaluation: _____

Place(s) of evaluation: _____

Amount of time spent on evaluation: _____

Length of time the proposed Ward has been your patient: _____

Proposed Ward's language preference: _____

4. Is the proposed Ward presently taking medication? ☐ Yes ☐ No If yes, what is the medication, dosage, and purpose?
[Continue on page 4.]

Are there any signs of physical or mental impairments caused by the medications themselves?

5. Is the proposed Ward mentally impaired? ☐ Yes ☐ No If yes, indicate the diagnosis below:

☐ Intellectual or Developmental Disabilities: (*Please check the severity*)

☐ Profound

☐ Severe

☐ Moderate

☐ Mild

☐ Mental Illness: Type and Severity _____

☐ Substance Abuse: Description _____

☐ Dementia: Type and Severity _____

☐ Other: Description, Type and Severity _____

[Continue comments on page 4.]

6. During the examination did you notice an impairment of the proposed Ward's:

a) Orientation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
b) Speech	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
c) Motor Behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
d) Thought Process	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
e) Affect	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
f) Memory	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
g) Concentration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
h) Comprehension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
i) Judgment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

7. Please describe any impairments identified in question six. [Continue comments on page 4.]

8. Is the proposed Ward physically impaired? i.e. visual, mobility, hearing, etc. ☐ Yes ☐ No If yes, please describe:

9. Are there any special characteristics of the proposed Ward which should be considered in evaluating the proposed Ward for guardianship: ☐ Yes ☐ No If yes, please explain: _____

10. Are there any indications of abuse, neglect or exploitation of the proposed Ward? ☐ Yes ☐ No If yes, please explain:

11. Do you believe the proposed Ward is capable of caring for his / her own activities of daily living or making decisions concerning his / her own medical treatments, living arrangements and diet? ☐ Yes ☐ No If no, please explain:

12. Do you believe this proposed Ward is capable of managing his or her own finances and property? ☐ Yes ☐ No
If no, please explain: _____

13. What is the recommended level of care for the proposed Ward?

☐ Independent living arrangement

☐ An assisted living facility or group home

☐ A nursing home

☐ A memory care facility or lockdown unit

☐ Other: _____

14. Prognosis of proposed Ward:

A. Is the condition stabilized? ☐ Yes ☐ No ☐ Unknown

B. Is the condition reversible? ☐ Yes ☐ No ☐ Unknown

If yes, what is the recommended time for a review? ☐ 3 months ☐ 6 months ☐ _____ months

15. In my opinion, a guardianship should be:

If this is a new application for appointment of guardian: ☐ Established ☐ Denied

If this is an existing guardianship: ☐ Continued ☐ Terminated

I certify that I evaluated the individual on _____, 20_____.

Date

Signature of Evaluator

Printed Name of Evaluator

GUARDIAN'S REPORT ADDENDUM

(Not to be used with initial application)

It is my opinion, based upon a reasonable degree of medical or psychological certainty, the mental capacity of this ward will not improve.

Date

Signature-Licensed Physician/Clinical Psychologist

Printed Name of Licensed Physician/Clinical Psychologist

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date _____

Signature of Evaluator

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

GUARDIANSHIP OF: _____

CASE NO: _____

COURT INVESTIGATOR'S REPORT ON PROPOSED GUARDIANSHIP

[R.C. 2111.041]

GENERAL INFORMATION

[To be compiled by Probate Court Investigator]

Individual's age _____ Relationship to applicant _____

Individual's residence _____

Individual's highest level of education _____ Individual's marital status _____

Individual's job history _____

Grounds for application (R.C. 2111.01(D)): The individual is alleged to be:

- ☐ mentally impaired as a result of a mental illness or disability.
- ☐ mentally impaired as a result of a physical illness or disability.
- ☐ mentally impaired as a result of intellectual disability.
- ☐ mentally impaired as a result of chronic substance abuse.
- ☐ any person confined to a correctional institution within this state.

so that:

- ☐ the individual is incapable of taking proper care of the individual's self.
- ☐ the individual is incapable of taking proper care of the individual's property.
- ☐ the individual fails to provide for the individual's family or other individual for whom the person is charged by law to provide.

Documentation submitted and date of evaluation _____

Referral Source: _____

INVESTIGATOR'S REPORT

I. Service of Notice

☐ Made at Individual's home

☐ Made in Hospital, Nursing Facility, or Community-Based Care Facility:

Name of Facility _____

Address of Facility _____

Administrator or representative served _____

☐ Other _____

Date of Service of Notice: _____

Others present during the contact (if yes, list name and relationship) _____

A. Individual's understanding of the concept of guardianship:

☐ Good ☐ Fair ☐ Poor ☐ Unable to determine.

Explain _____

B. Individual's attitude to the concept of guardianship:

☐ Consenting ☐ Opposed ☐ Unable to determine.

Explain: _____

C. Specific requests of the individual concerning enumerated rights: _____

II. Mental and Physical Conditions of Individual

A. Individual's reported mental and physical diagnosis: _____

Individual's reported medications: _____

Reported by whom: _____

CASE NO. _____

B. Mental Status Observations: During interview were impairments noted in the Individual's:

	Yes	No	Unable to Determine
1. Orientation (Person, Place and Time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Thought Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Affect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Concentration & Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain further if necessary: _____

C. Describe the Physical Condition of Individual

1. Isolation _____
2. Eating Habits _____
3. Significant Weigh Loss or Gain _____
4. Sleep Habits _____
5. Mobility/any issues _____

Explain further if necessary: _____

D. Describe the Environmental or Living Condition of the Individual:

1. Housing & Sanitation _____
2. Risk of Accidents _____
3. Physical Barriers _____
4. Resource Availability _____

Explain further if necessary: _____

III. Functional Capacities

Activities and Instrumental Activities of Daily Living

	Capable	Incapable	Unable to Determine
1. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Transfer from bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Capable	Incapable	Unable to Determine
6. Handling personal finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Doing housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Using telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Taking medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain further if necessary:

IV. Additional Items Affecting Guardianship Plan Development

A. Are there any indications or allegations of substance abuse by the individual or significant others that could impact the guardianship issue? Yes ☐ No ☐ Explain and recommend actions needed:

B. Are there any special characteristics of the individual (including aggressive, violent, or sexual behaviors, or other vulnerabilities) that pose a risk to self or others, which should be considered as guardianship decisions on living arrangements and supervision are made?

Yes ☐ No ☐

Explain the characteristics and make recommendations: _____

C. Are there any allegations or indications of abuse, neglect, or exploitation of the individual?

Yes ☐ No ☐ Explain and recommend needed actions: _____

D. Is there a need for additional medical, psychiatric or psychological testing? Yes ☐ No ☐

If yes, give specific recommendations:

CASE NO. _____

E. Are there inconsistencies between the Expert Evaluation and the Court Investigator's findings that need further review by the Court? Yes ☐ No ☐ If yes, identify the inconsistencies and make a recommendation(s) to the Court: _____

F. Are there unresolved issues/conflicts/differences among the parties? Yes ☐ No ☐
If yes, would mediation be of assistance? Yes ☐ No ☐

Explain: _____

G. Is there a power of attorney for financial affairs? Yes ☐ No ☐ Unknown ☐ If yes, where is it located? _____

Who is the attorney-in-fact? _____

H. Is there a last will and testament? Yes ☐ No ☐ Unknown ☐ If yes, where is it located? _____

I. Is there a durable power of attorney for health care/living will? Yes ☐ No ☐ Unknown ☐

If yes, where is it located? _____

Give name and address of attorney-in-fact: _____

J. Is there an advance directive for mental health care? Yes ☐ No ☐ Unknown ☐ If yes, where is it located? _____

Give name and address of attorney-in-fact: _____

K. Is the individual a veteran? Yes ☐ No ☐

L. Does the individual have regular visitors? Yes ☐ No ☐

Source of the information:

M. If yes, who:

Relationship of visitor(s) to individual:

N. Did the individual express a desire to have visitors? Yes ☐ ☐

If yes, who?

If no, why not?

V. RECOMMENDATIONS: Given the above information and Expert Evaluations(s):

A. IS A GUARDIANSHIP NECESSARY?

☐ Yes

☐ Person Only

☐ Estate Only

☐ Person and Estate

☐ Limited

List Duties _____

☐ No

Explain and recommend any less restrictive alternative(s): _____

B. NECESSITY FOR THE APPOINTMENT OF:

☐ Attorney ☐ Independent Expert Evaluator

Are there special urgency needs? Explain: _____

C. VISITATION RECOMMENDATION:

Remarks:

CASE NO. _____

I certify that I have served notice to the alleged incompetent as required by statute and I have communicated to the individual in a language and method best understandable by the individual the individual's right to be present at the hearing, the right to contest any application for the appointment of a guardian for his or her person, estate, or both, and the right to be represented by counsel.

Date

Investigator

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

The Guardianship of: _____

Case No. _____

GUARDIAN APPLICANT QUESTIONNAIRE

Name: _____ D.O.B.: _____

Address: _____

Phone: _____ Occupation/Employment: _____

Alt. Phone: _____ Highest Education: _____

1. What is your relationship to the proposed ward? _____

2. Are you a service provider to the proposed ward? ☐ Yes ☐ No

If yes, explain: _____

3. Are you any of the following? ☐ 1st time Guardian ☐ Professional Guardian
☐ Other ☐ Public Guardian ☐ Financial Institution

4. GUARDIAN APPLICANT HISTORY:

Number of Guardianship Cases: _____ previous: _____

current:[Please check all that apply to you]

- | | | |
|---|---|--|
| <input type="checkbox"/> Removed as a Guardian | <input type="checkbox"/> Driver's license revoked | <input type="checkbox"/> Surcharge imposed |
| <input type="checkbox"/> Served/serves as Representative Payee | <input type="checkbox"/> Bonded/Insured | <input type="checkbox"/> Criminal history |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Poor credit history | <input type="checkbox"/> Protective Orders against you |
| <input type="checkbox"/> Adult Protective Services complaints against you | | |

If checked, explain: _____

5. Are you financially dependent or emotionally dependent on the proposed ward? ☐ Yes ☐ No

If yes, explain: _____

- a. Do you receive money, from any source, for your involvement or care of the proposed ward?

☐ Yes ☐ No If yes, please list source(s) below.

6. How long have you known the proposed ward? _____

Describe the relationship with the proposed ward, including how often you meet with them, and activities you participate in when you meet.

7. Did anyone recommend a guardianship application be filed? ☐ Yes ☐ No

If yes, who recommended and why? _____

8. What do you believe are the behaviors that make the appointment of a guardian necessary?

9. What solutions to these problems have been tried before filing for guardianship?

10. Why do you want to become guardian of the proposed ward?

11. Are you in sufficiently good health, mentally and physically, and with sufficient energy to meet guardianship duties?

☐ Yes ☐ No If no, please explain below:

12. Do you know of anyone else who would also be interested in becoming the guardian or will be helping you fulfill guardianship responsibilities? ☐ Yes ☐ No

Case No: _____

Explain: _____

13. In general, what is your plan for overseeing the care of the proposed ward?

a. Do you have sufficient time to fulfill guardianship duties? ☐ Yes ☐ No

Explain: _____

b. Are you familiar with the proposed ward's medical problems and medications? ☐ Yes ☐ No

c. List the names of any community service providers and the nature of the services they provide. (APS, VA, Senior Services, Local DD Board) _____

d. Where will the proposed ward live? _____

e. Is this an adequate setting? ☐ Yes ☐ No

f. Does this setting meet the needs of the proposed ward? ☐ Yes ☐ No

Explain: _____

g. What is the distance from your residence? _____

h. How often do you plan to visit, and how will you oversee these living arrangements?

i. Have social activities, recreation and entertainment been considered? Please explain:

j. How will transportation for medical care, recreation, etc. be handled?

k. If proposed ward will be living with you, what arrangements will you make or have made to care for the proposed ward? _____

14. **MENTAL STATUS OBSERVATION CHECKLIST:** Record your observational impressions of the proposed ward on a scale of 1 for significant impairment to 5 for average/normal functioning. Comments are encouraged.

	<u>Rating</u>	<u>Comment</u>
a. Orientation (Person, Place and Time)	_____	_____
b. Speech	_____	_____
c. Motor Behavior	_____	_____
d. Thought Process	_____	_____
e. Affect (mood and emotions)	_____	_____
f. Memory	_____	_____
g. Concentration & Comprehension	_____	_____
h. Judgment	_____	_____

15. **FUNCTIONAL LIMITATIONS:**

Cognitive concerns: _____

☐ Behavioral Disturbance ☐ Confusion ☐ Concentration ☐ Memory ☐ Unknown

Mental health concerns: _____

☐ Anxiety ☐ Delusions ☐ Depression ☐ Hallucinations
☐ Hoarding ☐ Impulsive behavior ☐ Substance abuse ☐ Unknown

Physical concerns: _____

☐ Frequent falls ☐ Hearing ☐ Mobility ☐ Pain
☐ Physical frailty ☐ Verbal Communication ☐ Vision ☐ Unknown

16. Is the proposed ward aware of the plans for guardianship as outlined in the above information?

☐ Yes ☐ No

Case No: _____

If yes, is the proposed ward in agreement with the plans for guardianship as outlined in the above information? Explain below. _____

17. Do you currently have a power of attorney for the proposed ward? ☐ Yes ☐ No

If yes, describe: _____

If no, who does and what is their relationship to the proposed ward? _____

18. Do you now or have you ever assisted the proposed ward with his/her finances? ☐ Yes ☐ No

Please explain: _____

19. Is the proposed ward a veteran? ☐ Yes ☐ No

20. Have you completed the *Service of Notice Information for Adult Guardianship* (SPF _____)?

☐ Yes ☐ No **Hearing may not be scheduled until it is filed.**

Remarks:

Date

Signature of person completing form

Title

Printed Name

Email Address

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

The Guardianship of: _____

Case No. _____

**SERVICE OF NOTICE INFORMATION
FOR ADULT GUARDIANSHIPS**
(R.C. § 2111.04)

You are asking to be appointed guardian for an adult. Ohio law requires that the prospective ward be visited and personally served notice of the application by a Probate Court Investigator. The below information is required in order to assist the Court Investigator in this process.

Please provide the requested information with your application. Do not answer "Unknown".

1. At the time of the filing of the Application for Guardianship, the proposed ward is physically at: ☐ Home ☐ Facility ☐ Other

Address: _____

2. Does the proposed ward leave the above location on a regular basis (day care, etc.) during the day? ☐ Yes ☐ No

If yes, explain: _____

3. Other community or government services offered to proposed ward: _____

4. Please provide a name and phone number of a person who can be contacted by the Court Investigator so that the Court Investigator may arrange a visit with the proposed ward. (Case manager, social worker, nurse, parent, applicant or attorney)

a. Contact person's name: _____

b. Contact person's relation to proposed Ward: _____

c. Telephone number: _____

d. Best time for Court Investigator to contact: _____

5. Has the proposed ward been told of the pending action? ☐ Yes ☐ No
6. To ensure safety, should the Court Investigator be accompanied by someone or require assistance? ☐ Yes ☐ No

If yes, explain: _____

Date: _____

Applicant's Signature

CAUTION: The hearing may not be held unless this visit is completed at least 7 days prior to the hearing date. If there is any change in the location of the proposed ward from the time the application is filed to the hearing date, please contact _____ at _____.

PROBATE COURT OF _____, OHIO
_____, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

**PETITION FOR INVOLUNTARY TREATMENT FOR
ALCOHOL AND OTHER DRUG ABUSE**
(R.C. 5119.93)

RESPONDENT: _____

RESPONDENT'S Residence Address: _____

RESPONDENT'S Current Location (if different): _____

PETITIONER: _____

PETITIONER'S Address: _____

PETITIONER'S Phone Number: _____

PETITIONER'S E-mail Address: _____

States that he/she is:

☐ Spouse ☐ Relative _____ ☐ Guardian of the above-named Respondent
(Relationship)

PETITIONER further states that the name, address and residence of person related to the Respondent are (if living and known)

Parents or guardian: _____
Name and complete address

Spouse: _____
Name and complete address

Person having custody of Respondent: _____
Name and complete address

Near Relative: _____
Name and complete address

Other: _____
Name and complete address

CASE NO. _____

PETITIONER believes that Respondent is a person suffering from alcohol and/or other drug abuse because: (state facts to support belief). If the Petitioner believes the Respondent is suffering from opioid or opiate abuse, the Petitioner shall state whether the Respondent has overdosed and been revived by an opioid antagonist one or more times or whether the Respondent has overdosed in a vehicle or in the presence of a minor. Please explain.

PETITIONER also believes that the Respondent presents an imminent danger or imminent threat of danger to self, family or others, if not treated for alcohol or other drug abuse, because: (state facts to support belief).

CASE NO. _____

Check one:

- ☐ Certificate of Physician is attached. Exam must be within two days prior to filing date of Petition
OR
☐ Respondent has refused all requests made by me, the Petitioner, to undergo a physician's examination.

Petition is accompanied by: (check one or more)

- ☐ A security deposit in the amount of \$_____, representing one-half of the estimated cost of treatment;
OR
☐ Documentation establishing that the petitioner or respondent will be able to cover at least one-half of the estimated cost of treatment;
OR
☐ Other evidence to the satisfaction of the Court establishing that the petitioner or respondent will be able to cover some of the estimated cost of treatment.

Petition shall also be accompanied by: (check one or more)

- ☐ Guarantee of Payment form;
OR
☐ Documentation establishing insurance coverage of petitioner or respondent will cover the full cost of treatment;
OR
☐ Documentation that petitioner or respondent will cover some of the estimated cost of treatment.

CASE NO. _____

The petitioner represents that all of the above information is true and accurate.

Signature of Attorney

Signature of Petitioner

Name of Attorney (Please Print)

Name of Petitioner (Please Print)

Attorney Registration Number

Sworn before me and signed in my presence on the _____ day of _____, _____.

Notary Public

VERIFICATION OF TREATMENT BY PETITIONER

*****A statement from Facility MUST accompany this petition*****

Name of Petitioner the petitioner, has arranged for the treatment of

Name of Respondent to be facilitated by:

Name of Treatment Provider

Full Address of Treatment Provider (Street, City, State, Zip Code)

GUARANTEE OF PAYMENT
(R.C. 5119.93(D)(2))

Pursuant to O.R.C. 5119.93(D)(2), either the Petitioner or other authorized person (spouse, relative or guardian) shall guarantee any and all costs and fees for examinations, hearing cost and treatment for the Respondent for alcohol and other drug abuse as may be herein after ordered by the Court. The GUARANTEE below shall be completed by either the Petitioner or other authorized person.

By my signature below, I do hereby assume responsibility for and GUARANTEE PAYMENT FOR ALL COSTS incurred on behalf of Respondent for all alcohol and other drug abuse treatment, including, but not limited to, initial examination and transportation costs, and hearing costs, as hereinafter ordered by the Court.

Signature

Date

Name (Please Print)

Relationship to Respondent (Petitioner, Spouse, Relative or Guardian)

Complete Billing Address

Sworn before me and signed in my presence on the _____ day of _____, _____.

Notary Public

COMMITTEE COMMENTS

Standard Probate Form 18.2- “Notice of Hearing on Petition for Adoption”- Standard Probate Form 18.2 has been amended to comply with H.B. 110, which amended R.C. 3107.11 to include additional language in the notice at paragraph 5, line 6 as follows: ...**AND THE MINOR'S FORMER RELATIVES FOR ALL PURPOSES, WITH THE EXCEPTION OF DIVISION (A)(1)(b) OF SECTION 3107.15 OF THE REVISED CODE.**

Standard Probate Form 18.2 was also amended at the bottom of the form to add language notifying a parent in an adoption proceeding that the parent has a right to an attorney, pursuant to the Ohio Supreme Court ruling *In the Matter of the Adoption of Y.E.F.*, 2020 Ohio 6785. Language has also been added to the Standard Probate Form directing an indigent parent to complete an affidavit of indigency with the Court in order to determine if they qualify for Court appointed counsel. The form also includes a blank space for the contact information of the Probate Court to be added.

Proposed Standard Probate Form 13.12- “Notice of Will Location”– Proposed Standard Probate Form 13.12 is a new form that addresses the location of original, executed wills that were in the possession of an attorney who is now deceased. This form was developed in collaboration with the Will Storage Committee of the Ohio State Bar Association Estate Planning, Trust, and Probate Law Council to address concerns regarding the storage and transmission of wills upon the retirement, disability, or death of an attorney.

The form requires the applicant attorney to provide his/her Ohio Registration Number and the deceased attorney’s name and Ohio Registration Number. The form has five checkboxes for the applicant attorney to indicate that the wills: 1) are with an Ohio-licensed attorney, 2) are with the Supreme Court of Ohio Office of Disciplinary Counsel, 3) are with a law firm, 4) are with a probate court, or 5) have been destroyed.

The form also states that the applicant attorney has prepared an alphabetical listing of all testators covered by the form to be filed with the Office of Disciplinary Counsel with a copy of the notice. The Office of Disciplinary Counsel will keep a record of all notices received and will post the attorney’s name and the location of that attorney’s wills on its website. It is requested that the notice document be made a public record in the probate court in which it was filed under the deceased attorney’s estate or under a miscellaneous case number for an attorney who is deceased but no estate filed, or the attorney is retired, disabled, disappeared, disciplined or deported pursuant to Gov. Bar R. V(26).

The bottom of the form is a certification by the applicant attorney that the notice and alphabetical list of testators was provided to the Office of Disciplinary Counsel with a line for the applicant attorney’s signature, address and phone number.

Standard Probate Form 25.0- “Application for Order to Disinter Remains” – Standard Probate Form 25.0 has been amended to comply with S.B. 202, which revised the law regarding disinterment of a body buried in a township or municipal cemetery. Proposed Standard Probate Form 25.0 was amended below the caption to include R.C. 2108.70 et. seq. as an additional statute that governs this form.

Language was added to Question 5 to instruct the applicant to add the person who has been assigned the rights of disposition for the decedent under R.C. 2108.70- R.C. 2108.90 to Form 1.0, which is to be filed in conjunction with the application.

Language was added to Question 6 to require that the applicant file an affidavit specifying which persons were not given notice of the application and hearing on the application and the reason for lack of notice pursuant to R.C. 517.24(2)(d). Language was also added to allow the notice to be waived.

Three check boxes have been added to Question 11 to allow the applicant to select: 1) that decedent had executed a written Declaration of Assignment, 2) that decedent had not executed a written Declaration of Assignment, or 3) that the written Declaration of Assignment is not available to the applicant. If stated that decedent had executed a written Declaration of Assignment, the second check box indicates that the applicant has attached a true and correct copy of the Declaration to the application for the Court’s review. A line for both the attorney of record’s email address and the applicant’s email address was added below their respective signature lines.

Standard Probate Form 25.6- “Order to Disinter Remains”- Standard Probate Form 25.6 is the corresponding order to the above amended Application for Order to Disinter Remains. Standard Probate Form 25.6 was amended to add number 5 to the order to include that the board of township trustees, the trustees or board of the cemetery association, or other officers having control and management of the municipal cemetery shall have a period of at least thirty days from the receipt of the order to perform the ordered disinterment.

Standard Probate Form 17.1 – “Statement of Expert Evaluation” – Standard Probate Form 17.1 was amended based upon feedback received from practitioners who complete this form. Throughout the form, the word “individual” was replaced with the term “proposed Ward.” Further, the phrase “his or her” has been added throughout the form.

The introductory paragraph on page 1 was amended to include the following statement, “The examiner shall complete this statement using personal observations and prior history obtained during the examiner’s course of treatment/interaction with the proposed Ward.”

Page 1 of Standard Probate Form 17.1 was further amended by adding language to Question 1A requiring that the evaluation be completed before the filing of and attached to the guardianship application. Additionally, language was added to Question 1A, in bold lettering, to advise that a physician’s assistant or a nurse practitioner is not acceptable for an initial application pursuant to Sup. R. 66(A).

The order of Questions 1B and 1C were switched. This modifies the form so that the order is sequential; both types of guardianships are now followed by the Guardian’s Report in 1C.

Two checkboxes have been added to Question 1B for the two options of who may complete the application for emergency guardianship. A detailed note of instructions on completing the Supplement for Emergency Guardian has been added regarding the same.

Also, for question 1C, one of the options as to who may complete the Statement of Expert Evaluation attached to a Guardian's Report was amended from "Intellectual Disability Team" to "Developmental Disability Team".

1C added two check boxes of additional evaluators who may complete the Statement of Expert Evaluation if attached to a Guardian's Report. This includes a Certified Nurse Practitioner and a Physician's Assistant.

Language was added in parenthesis to Question 2 requesting that the evaluator print clearly. A line was added to Question 3 to indicate the language preference of the proposed Ward.

On page two of Standard Probate Form 17.1, the language of Question 4 was amended from "under" medication to "taking" medication. Language was added to Question 5 in parenthesis requesting that the evaluator check the severity of the proposed Ward's intellectual or developmental disability. This change was made to encourage the evaluator to check a box instead of leaving the boxes blank.

Further, instead of asking the evaluator to describe the dementia or other impairment, the phrase "Type and Severity" was added for clarity. Separate check boxes for Concentration and Comprehension were added to Question 6, where they previously been presented together. Examples of potential physical impairments were added to Question 8, including "visual, mobility, hearing, etc."

On Page 3 of Standard Probate Form 17.1, Question 13 was added in order to inquire as to the evaluator's professional recommendation as to what is the appropriate level of care for the proposed Ward. The options include: 1) Independent living arrangement, 2) An assisted living facility or group home, 3) A nursing home, 4) A memory care facility or lockdown unit, or 5) Other. A line is included after the option for "Other" for the evaluator to elaborate on what other recommendation they are making.

Check boxes for "Unknown" were added to Question 14 for instances where it is unknown whether the proposed Ward's condition is stabilized or reversible. Further, language was added under the checkboxes regarding the reversibility of the proposed Ward's condition, requesting that the evaluator recommend a time period for a review, if the evaluator finds that the proposed Ward's condition is reversible.

Language was added to Question 15 which tasks the evaluator with checking a box if this is a new application or an existing guardianship. If it is a new guardianship, the evaluator has the option to check that the guardianship should be either established or denied. If it is an existing guardianship, the evaluator has the option to check that the guardianship should either be continued or terminated.

Lastly, a line was included under the signature of evaluator to include a line for the evaluator's printed name. The same line for a printed name was added to the Guardian's Report Addendum box. The addition of the printed name of the evaluator is for the reader's ease.

Standard Probate Form 17.8 – “Court Investigator’s Report on Proposed Guardianship” – Standard Probate Form 17.8 has been amended to reflect the amendments to Sup. R. 66 regarding ward visitation, effective July 1, 2022.

Page 1 of Standard Probate Form 17.8 was amended at lines 3 and 4 to add the following fields: “Individual’s highest level of education,” “Individual’s marital status,” and “Individual’s job history.” The inclusion of these inquiries provides the Court with more detailed background of the individual.

Section II, Part C, of Standard Probate Form 17.8 was amended to change the language of Question 5 from “motor behavior” to “Mobility/any issues” in regards to the description of the physical condition of the Individual.

Section IV was amended to add questions L, M, and N. Questions L requires the Court Investigator to inquire whether the individual has regular visitors and indicate the source of the information. Questions M provides the Court Investigator space to describe who regularly visits with the individual and the relationship of the visitor(s) to the individual. Question N has the Court Investigator inquire whether the individual expressed a desire to have visitors, who the individual desires to visit with, and provides space for details as to why. These three questions comply with the amendments made to Sup.R. 66.05(A)(5) and Sup.R. 66.09(F)(1).

Section V was edited for visual clarity and ease of the Court Investigator completing the form. Part C, “Visitation Recommendation,” was added in order to reflect the amendments to Sup.R. 66. Parts A, B, and C are now easier to complete. Lastly, the lines in the “Remarks:” section have been removed.

Proposed Standard Probate Form ____. “Guardian Applicant Questionnaire” – This is a new Proposed Standard Probate form to assist the Court in obtaining additional information regarding the applicant and the proposed ward.

The Questionnaire begins by requesting the name, date of birth, address, phone number, occupation, and education level of the applicant.

Questions 1-3 assist the Court in ensuring that Sup.R.66.04(D) is being complied with. Question 1 requires the applicant to disclose his or her relationship to the proposed ward. Question 2 requires the applicant to disclose whether or not he or she provides services to the proposed ward. Lastly, Question 3 requires the applicant to disclose if he or she is a: 1st time Guardian, Public Guardian, Professional Guardian, Financial Institution, or Other.

Question 4 outlines the applicant’s history as it relates to whether or not he or she has ever served as a guardian before. Question 4 requires the applicant to disclose the number of cases he

or she is currently serving as a guardian for and the number of cases he or she previously served as a guardian for. Question 4 also includes specific check boxes for the applicant to disclose information that can provide the Court with relevant background to determine whether or not the applicant is a suitable and qualified candidate (i.e. if the applicant has been removed as a guardian previously, if the applicant has filed bankruptcy, etc.).

Question 5 asks the applicant whether or not applicant is financially or emotionally dependent on the proposed ward and whether or not applicant receives any money for applicant's involvement or care of the proposed ward. If the applicant does receive money for involvement or care of the proposed ward, the applicant is required to list the source(s) of the money received. This inquiry can aid the Court in determining if the applicant has financial motives for applying to serve as guardian.

Question 6 asks how long the applicant has known the proposed ward and asks the applicant to describe the relationship, the frequency of meetings, and what activities the applicant and proposed ward participate in together. This question provides the Court additional background knowledge of the relationship between the applicant and the proposed ward.

Question 7 asks if anyone recommended that a guardianship application be filed and provides the applicant with space to indicate who recommended the guardianship application be filed and why. Often times, a guardianship application is filed because of a recommendation. This provides the Court with additional evidence as to why a guardianship may be appropriate.

Question 8 asks the applicant what behaviors applicant believes make the appointment of a guardian necessary. The answer to this question provides the Court with additional information that may not be reflected on the Statement of Expert Evaluation.

Question 9 asks what other solutions the applicant has tried before filing for guardianship. Guardianship is a last resort. Sup.R. 66.01(A) instructs that the least restrictive course of action should always be taken.

Question 10 asks why the applicant wants to be appointed guardian. This question provides the Court additional background knowledge of the relationship between the proposed ward and the applicant and could provide the motivation for applicant filing to serve as guardian.

Question 11 asks whether the applicant is in sufficiently good health and is able to meet guardianship duties. The answer to these questions provides the Court with additional information as to the suitability of the applicant.

Question 12 asks if the applicant knows of anyone else who would be interested in becoming the guardian or would be willing to assist in fulfilling guardianship responsibilities. The answer to this question serves a two-fold purpose. First, if answered affirmatively, it could put the Court on notice that a competing application may be filed. Further, it provides the Court information that the applicant will have additional support throughout the guardianship process.

Question 13 asks the applicant what the plan for overseeing the care of the proposed ward is. It is broken down into subsections a-k, with additional questions into applicant's ability to oversee the care of the proposed ward (i.e. Does the applicant have sufficient time to fulfill guardianship duties? Is the applicant familiar with the medical problems of the proposed ward? Where will the proposed ward live?). The answers to Question 13 can provide a picture to the Court of the applicant's level of understanding of proposed ward's condition and needs.

Question 14 is a Mental Status Observation Checklist. Question 14 requires the applicant to record their observational impressions of the proposed ward in several different categories: Orientation, Speech, Motor Behavior, Thought Process, Affect, Concentration & Comprehension, and Judgment.

Question 15 asks the applicant to opine on the proposed ward's functional limitations, including cognitive concerns, mental health concerns, and physical concerns.

Question 16 asks whether or not the proposed ward is aware of the applicant's plan for the guardianship. Further, Question 16 asks, if the proposed ward is aware of the plan for the guardianship, is the proposed ward in agreement with the plan.

Question 17 asks whether or not the applicant has a power of attorney for the proposed ward. If answered negatively, the applicant is then asked if another individual has a power of attorney for the proposed ward and what that individual's relationship to the proposed is. This could potentially alert the Court of a lesser restrictive alternative to guardianship.

Question 18 asks whether or not the applicant has previously assisted the proposed ward with finances.

Question 19 asks whether the proposed ward is a veteran.

Question 20 asks the applicant whether applicant completed the newly proposed Service of Notice Information for Adult Guardianships Form (form number TBD). Below that question is a yes/no check box. Beside the "No" check box is language advising the applicant that a hearing may not be scheduled until the Service of Notice Information for Adult Guardianships Form is filed.

Lastly, the from includes a blank section for remarks and requires that the person completing the form provide their signature, printed name, email address, date, and title.

Proposed Standard Probate Form ____ .0 "Service of Notice Information for Adult Guardianships" – This is a new Proposed Standard Probate form drafted to assist the Court Investigator in locating the proposed ward to serve and notify the proposed ward of their rights and complete the Court Investigator's Report as provided for in R.C. 2111.041.

The form is to be filled out by the individual who filed the guardianship application. The form requires the applicant to include the address of the physical location of the proposed ward at the time that the Application for Appointment of Guardian of Alleged Incompetent was filed.

The form also requires the applicant to disclose whether the proposed ward leaves the above-mentioned location on a regular basis during the day. If answered affirmatively, the applicant is required to explain. The form also requests contact information for someone who could facilitate the Court Investigator in arranging a visit with the proposed ward (i.e. case manager, social worker, nurse, parent, etc.).

Additionally, the form asks whether or not the proposed ward is aware of the pending guardianship action and whether or not the Court Investigator should be accompanied by someone or require assistance when visiting with the proposed ward. These questions aid in ensuring the safety of the Court Investigator.

Lastly, the form provides, in bold lettering, that the guardianship hearing may not be held unless the visit with the Court Investigator is completed 7 days prior to the hearing date and requires the applicant to update the Court Investigator with any change in the location of the proposed ward from the time the application is filed until the hearing date.

Standard Probate Form 26.0- “Petition for Involuntary Treatment for Alcohol and Other Drug Abuse – Page 1 of Standard Probate Form 26.0 was amended to add fields for the Petitioner’s phone number and email address. The term “if living” was added on page 1 where the Petitioner is to provide the Court with the contact information of individuals known to the Respondent. It now reads “if living and known,” whereas formerly it read “if known.”

Additionally, the word “Friend” was changed to the word “Other” in terms of a classification of known individuals to Respondent.

Standard Probate Form 26.0 was further amended to add the following language to the third paragraph, “If the Petitioner believes the Respondent is suffering from opioid or opiate abuse, the Petitioner shall state whether the Respondent has overdosed and been revived by an opioid antagonist one or more times or whether the Respondent has overdosed in a vehicle or in the presence of a minor. Please explain.” This language was added to comport with the statutory changes to R.C. 5119.93, which went into effect on April 6, 2023.

Standard Probate Form 26.0 was also amended to add language after the first check box indicating that a Certificate of Physician is attached. It now reads, “Certificate of Physician is attached. Exam must be within two days prior to filing date of Petition.”

Additionally, Standard Probate Form 26.0 was amended to allow the Petition to make inquiry into the payment of Respondent’s treatment. The Petitioner is required to select at least one of three initial choices of items that will accompany the Petition. The three choices are as follows: 1) A security deposit in the amount of \$____, representing one-half of the estimated cost of treatment; 2) Documentation establishing that the petitioner or respondent will be able to cover at least one-half of the estimated cost of treatment; or 3) Other evidence to the satisfaction of the Court establishing that the petitioner or respondent will be able to cover some of the estimated cost of treatment.

Following those three check boxes, three additional check boxes were added, which direct the Petitioner to select at least one of three choices of items that will accompany the Petition. These three choices are as follows: 1) Guarantee of Payment form; 2) Documentation establishing insurance coverage of petitioner or respondent will cover the full cost of treatment; or 3) Documentation that petitioner or respondent will cover some of the estimated cost of treatment. These additional check boxes were added to include language that comports with statutory changes to R.C. 5119.93 regarding payment of treatment.

Lastly, Proposed Standard Probate Form 26.0 was amended by adding language above the signature line, stating that, "The petitioner represents that all of the above information is true and accurate." Additionally, a line for the Attorney Registration Number was added below the attorney's signature block.