

PROBATE COURT OF GREENE COUNTY, OHIO
ROBERT A. HAGLER, JUDGE

CONSERVATORSHIP OF _____

CASE NO. _____

APPLICATION FOR APPOINTMENT OF CONSERVATOR
(R.C. 2111.021)

I, _____, Petitioner, hereby state that I am a competent adult but am physically infirm. I request that:

1. Name of Proposed Conservator _____

Street _____

city _____, Ohio (Zip) _____ Telephone _____

be appointed conservator of my:

- Person and Estate Person Only Estate Only

2. The length (time period) of the conservatorship is:

- Indefinite Definite - to _____

3. (if "Person Only" or "Person and Estate" is checked), I give the following power over my PERSON to the:

a. Conservator:

- (1) All powers that a guardian would have under the guardianship laws of Ohio.

- (2) Limited to the power to

b. Court:

- (1) All powers that a Court would have under the guardianship laws of Ohio.

- (2) Limited to the power to

4. (if "Estate Only" or "Person and Estate" is checked), I give the following power over my ESTATE to the:

a. Conservator:

- (1) All powers that a guardian would have under the guardianship laws of Ohio.

- (2) Limited to the power to

b. Court:

(1) All powers that a Court would have under the guardianship laws of Ohio.

(2) Limited to the power to

c. The following of my property is subject to the foregoing powers:

(1) All property. (attach description of property)

(2) Only the property listed as follows:

5. If the application is for a conservatorship of the estate:

a. The estate to be placed under conservatorship is:

Personal Property	\$	_____	
Real Property	\$	_____	
Annual Rents	\$	_____	
Other Annual Income	\$	_____	
TOTAL		\$	_____

b. A bond in the amount of \$ _____ is attached.

(R.C. 2109.04(A)(1))(FORM 20.30)

6. Service of notice of the conservatorship is to be given to:

None

Same as Guardianship

As Listed on Form 15.0

Based on the foregoing information, I do hereby petition the Court to appoint a Conservator for myself, and do so freely and of my own will. I certify that all information and statements contained in this application and the attached exhibits are correct to the best of my knowledge and belief.

Date

Attorney's Signature

Applicants Signature

Type or print Attorney's Name

Type or print Applicant's Name

Street

Street

City, State, Zip Code

City, State, Zip Code

Telephone Number - Include Area Code

Telephone Number - Include Area Code

Supreme Court Registration Number