

**PROBATE COURT OF GREENE COUNTY, OHIO**  
**THOMAS M. O'DIAM, JUDGE**

**GUARDIANSHIP OF** \_\_\_\_\_  
**CASE NO.** \_\_\_\_\_

**APPLICANT'S SUPPLEMENTAL INFORMATION FORM**  
[Local Rule 66.1(C)]

Please complete the following information regarding the person who is applying to be guardian.

**1. Background**

- A. Full legal name: \_\_\_\_\_
- B. Also known as: \_\_\_\_\_
- C. Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_
- D. Marital status:  Married  Not married
- E. Have you ever filed bankruptcy?  Yes  No
- F. Have you ever been convicted of, or plead guilty or no contest to, any crime classified as a felony that is not disclosed in the Application for Appointment (Form 17.0)?  Yes  No

If you answered "Yes" to the preceding question, please provide the following information:

Felony Charge	Date of Conviction	Place (City & State)
_____	_____	_____
_____	_____	_____
_____	_____	_____

[Continue on separate sheet and attach to this Supplement, if necessary.]

- G. Attached to this Supplement are the results of a criminal background check, prepared within the past 90 days. [See Local Rule 66.1(B)]

**2. Work Information**

- A. Are you currently employed?  Yes  No
- B. If you answered "Yes" to the preceding question, please provide the following information:  
Occupation: \_\_\_\_\_  
 Full time  Part time  
Name of Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- C. Will you have sufficient time to devote to your responsibilities as guardian?  Yes  No

**3. Past Experience**

- A. Have you ever served as guardian of any other ward before?  Yes  No
- B. Are you currently serving as guardian of any other ward?  Yes  No

C. If you answered "Yes" to the preceding question, please provide the following information:

In how many cases are you currently serving as guardian? \_\_\_\_\_

How many those cases are in Greene County, Ohio? \_\_\_\_\_

Have you ever been sanctioned for failing to perform your duties as guardian?  Yes  No

D. Please describe any special training, skills or experience you have that you believe will aid you in serving as guardian in this case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Relationship with Proposed Ward**

A. Have you met with the proposed ward and discussed the need for guardianship at least once within 30 days before filing the application for guardianship appointment?  Yes  No

B. Are you named as, or do you currently serve as, agent for the proposed ward under a:

Power of Attorney  Health Care Power of Attorney

C. If you checked either or both of the boxes in the preceding question, please provide the following information:

Submit a complete and accurate copy of the legal documents with this Supplement.

Have you ever encountered problems using, or has any person or entity ever denied you the right to use, these legal documents on behalf of the proposed ward?  Yes  No

If "Yes," please describe circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Do you currently act as any of the following for the proposed ward:

Physician  Attorney  Caregiver  Landlord

E. Do you currently owe the proposed ward any money?  Yes  No

F. Does the proposed ward currently owe you any money?  Yes  No

G. Please describe any other circumstances that may create a potential conflict of interest in serving as guardian of the proposed ward: [ Check this box if no potential conflicts of interest exist]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all of the information in this Supplement and all attached documents are complete and correct to the best of my knowledge and belief.

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

\_\_\_\_\_  
Applicant's Signature

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

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

Attorney Registration No. \_\_\_\_\_