

**GUARDIANSHIP  
REFERENCE AND RECORD BOOK**

**UNDERSTANDING YOUR ROLE  
AS GUARDIAN**

COLUMBIANA COUNTY  
PROBATE COURT  
JUDGE THOMAS M. BARONZZI

**COURT OF COMMON PLEAS  
COLUMBIANA COUNTY, OHIO  
-PROBATE DIVISION-**

**THOMAS M. BARONZZI, JUDGE  
(330) 424-9516**

**105 S. MARKET STREET  
LISBON, OHIO 44432**

Dear Guardian,

I want you to know how much the guardianship office staff and I appreciate your stepping forward to assume the role of legal guardian for your incapacitated person or minor child (Ward). We all commend you for your decision to serve and we recognize that the care and protection of your ward will not be without some sacrifice on your part.

It is not uncommon for us to find that many of you have been acting as “unofficial” guardians before you were referred to Probate Court. Therefore, I assume that you may already be familiar with your ward’s needs and the resources available in Columbiana County. However, for those who are new to the role as guardian as well as those who may need some clarification, we have created this Guardianship Handbook to answer some of the common questions that may arise during the course of guardianship.

Your guardianship may be limited to *Guardianship of the Person*, or *Guardianship of the Estate* (the ward’s financial affairs) or may be for *both* the ward’s Person and Estate. There are distinctions in the responsibilities and duties of each form of guardianship undertaken. Guardians of the Person only may chose to serve without the assistance of an attorney, however the court recommends an attorney assist you at least initially in establishing the guardianship. Guardians of a ward’s Estate are required by local court rule to retain and maintain an attorney to assist him or her, due to the more difficult duties of preparing inventories and accountings in conformity with Ohio law and court rules.

Since we cannot anticipate or cover every possible situation that may arise between a guardian and his or her ward, it is important for you to understand that this handbook is not meant to be a definitive guide or a substitute for your attorney’s advice. If you have any questions not addressed in this book, please contact your attorney or the guardianship office at the court at (330) 424-9516 for further information or referral.

As guardian of the ward's Person or Estate, you must have a written order signed by the judge and an order known as Letters of Authority before you may exercise any decision making powers or expenditures for your ward. These orders are issued following the court hearing on your application to be appointed as guardian. Also, guardians of the Estate of a ward must obtain and file a guardian's bond in an amount determined by the court and specified in the appointment order, before Letters of Authority may be issued to you.

All Applicants to serve as guardian, must also obtain a criminal background check as described under the Court's local rules before appointment.

Guardians of the Person are required to file a *Report* of the condition and circumstances of the ward every year. These reports are filed not later than the anniversary date of the guardianship and must be made on official reporting forms designated by the court. A copy of the reporting form is included in this handbook (light blue form) and may be duplicated in blank by the guardian, but must be submitted in the same color as the sample. An *expert evaluation* (pink form) must be completed by the Ward's doctor and filed with the guardians report every two years after appointment report.

Guardians of the Estate, are required through their attorney, to file an *Inventory* of all of the ward's assets and debts not later than ninety days following his or her appointment as guardian. You must also file through your attorney, an *Accounting* of all assets, debts, income and expenditures of, or on behalf of the ward every two years, not later than the anniversary date of the guardianship. These accountings may require considerable time to prepare, so it is important to anticipate the filing deadline well in advance and assist your attorney as necessary to insure timely filing of the accounting. There is no substitute for good record keeping.

All guardians are required to promptly advise the court of his or her change of residential or mailing address or telephone number and that of the ward. Yellow Change of Address cards are included in the handbook and additional cards may be obtained from the court. Failure to file timely inventories, reports, accounts, or notices of change of address can result in the guardian's removal and other possible court sanctions.

Thank you again for your assistance in protecting the rights, interests, and well being of an incapacitated person or a minor child.

Sincerely,

*Judge Thomas M. Baronzzi*

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# Section I: Requirements and Procedures

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## GLOSSARY OF TERMS DEFINED

The following brief list of terms and their definitions may help you more fully understand the guardianship proceedings and your duties as Guardian.

1. **INCOMPETENT PERSON:** Any person who is so mentally or physically impaired as a result of a mental or physical illness or disability, or mental retardation, or as a result of 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 when the person is charged by law to provide, or any person confined to a correctional institution within the state of Ohio. RC 2111.01(D).
2. **GUARDIAN:** Any person, association, or corporation appointed by the Probate Court to have the care and management of the person, the estate, or both, of an incompetent or minor. RC 2111.01(A).
3. **WARD:** Any person for whom a guardian is acting or for whom the Probate Court is acting, pursuant to Section 2111.50 of the Ohio Revised Code. RC 2111.01(B).
4. **GUARDIANSHIP OF THE PERSON:** Formal legal fiduciary relationship created by Order of the Probate Court between a person, association, or corporation as guardian and an incompetent person, wherein the guardian takes legal custody of the incompetent person and is empowered to make decisions and act on behalf of the incompetent person to provide for the personal care of the incompetent person. Duties are set forth under RC 2111.13.
5. **GUARDIANSHIP OF THE ESTATE:** Formal legal fiduciary relationship created by Order of the Probate Court between a person, association, or corporation as guardian and an incompetent person, wherein the guardian is empowered to make decisions and act on behalf of the incompetent person to protect, preserve, and manage the estate of the incompetent person. Basic duties are defined by RC 2111.14.
6. **GUARDIAN'S REPORT:** A formal report that all guardians of the person, or guardians of the estate, or both, must file with the Court. The report is required to be filed on the Court's standardized form (copy included in Section 3 of this booklet). The Guardian's Report must be filed with the Probate Court every year, on or before the anniversary date of the issuance of the guardian's Letters of Appointment. The Report must include an Expert Evaluation Report every

two years. A final report must be made to the Probate Court within thirty (30) days after the minor attains the age of 18 years, or following the death of the Ward, or other termination of the guardianship.

7. **GUARDIAN'S INVENTORY:** A full, written statement of the real and personal property of the Ward, its value, and the value of any yearly rentals of the real property required to be filed by all guardians of the estate within three (3) months of the issuance of the guardian's Letters of Authority. RC 2111.14(A).
8. **GUARDIAN'S ACCOUNT:** An itemized statement of all receipts of the guardian and all disbursements made by the guardian of the Ward's assets or income during the accounting period. The statement must include an itemized statement of all funds, assets, investments, and indebtedness of the Ward's estate known to the guardian at the end of the accounting period. The statement must clearly state the balance at the beginning of the accounting period and all income, expenditures, and changes of investments or their values occurring during the accounting period. The remaining estate balance at the end of the period (sometimes called "assets remaining in the hands of the fiduciary") must be clearly stated and reconcilable against the beginning balance and all income and expenditures or disbursements or changes of asset values during the accounting period. Itemized expenditures, disbursements, and changes of investments must be verified by vouchers (cancelled checks or receipt) or other proof acceptable to the Probate Court. Accounts must be signed by the guardian. The initial account must be filed in the Probate Court by the guardian not later than one year following issuance of the guardian's Letters of Authority (unless waived or otherwise ordered by the Court). Subsequent accountings must be filed every two years after the initial account (unless waived or otherwise ordered by the Court). A final account must be made to the Probate Court not later than thirty (30) days after the death of the Ward or other termination of the guardianship. RC 2109.30.3.
9. **GUARDIANSHIP OF PERSON AND ESTATE:** A formal, legal fiduciary relationship created by order of the Probate Court, wherein a person, association, or corporation is appointed to have custody of an incompetent person, and to take charge of his or her estate. Such person has all of the duties required of guardian of the person and of guardian of the estate. RC 2111.15.
10. **STATEMENT OF EXPERT EVALUATION:** A written statement by a licensed physician, licensed clinical psychologist, licensed independent social worker, licensed professional clinical counselor, or mental retardation team, that has examined the Ward within three months prior to the date of the report. The evaluation and statement must address whether or not the evaluator believes there is a continued need for guardianship.

11. **LETTERS OF AUTHORITY/LETTERS OF APPOINTMENT:** An Order of the Probate Court which vests the guardian with authority to act on the Ward's behalf upon the authority defined in the Order or otherwise by applicable Ohio law. A guardian may take no action on behalf of the Ward, pursuant to Court authority, until Letters of Authority or Appointment are issued. Letters may not be issued until hearing on the Guardianship Application, the guardian's filing of his or her acceptance and oath, and filing of such guardian's bond as the Court may order.
  
12. **GUARDIAN'S BOND:** The financial surety bond issued by a duly licensed bonding agency securing the guardian's faithful and honest discharge of his or her duties as guardian of the estate. The amount of the bond is established by the Court but shall be maintained by the guardian at all times in an amount not less than a sum equal to double the probable or appraised value of the personal property of the estate, plus annual real estate rentals, which will come into the estate during the bonding period.  
RC 2109.04.
  
13. **OMBUDSMAN:** A representative of the State Long-Term Care Ombudsman Program, created under Section 711-712 of the Older Americans Act of 1965, whose function it is to identify, investigate, and resolve concerns of residents of long-term care facilities, and to educate, lobby for, and represent residents of long-term care facilities and others to promote their best interest.
  
14. **FIDUCIARY RELATIONSHIP:** A relationship wherein one who acts in a fiduciary capacity on behalf of another does so not for his own benefit but for the benefit of another person as to whom he stands in a relation implying and necessitating great confidence and trust on the one part and a high degree of good faith on the other part. A guardian owes a fiduciary duty to a Ward in all of his actions as guardian of the Ward.

## **CRIMINAL BACKGROUND CHECK**

All Guardian's must submit to criminal background check and submit to the Court information documenting compliance.

## **GUARDIAN'S EDUCATIONAL REQUIREMENTS**

Pursuant to Rule 66.05 through 66.07, of the Supreme Court Rules of Superintendence of the Court of Ohio, the following are responsibilities of the court and guardian.

### **RULE 66.05 Responsibilities of Court Establishing Guardianships**

#### **(B) Responsibilities regarding guardians with ten or more wards.**

The probate division of the court of common pleas shall do all of the following with respect to guardians with ten or more wards under the guardian's care:

- (1) Maintain a roster, including the name, address and telephone number and electronic mail address of the guardians. The court shall require the guardians to notify the court of any changes to this information;
- (2) Require the guardians to include in the guardian's report a certification stating that the guardian is unaware of any circumstances that may disqualify the guardian from serving as a guardian;
- (3) Require the guardians to submit to the court an annual fee schedule that differentiates guardianship services fees, as established pursuant to local rule, from legal or other direct services;
- (4) On or before March 1<sup>st</sup> of each year, review the roster of guardian's to determine if the guardian are in compliance with the education requirements of Sup.R 66.06 or 66.07, as applicable, and that the guardians are otherwise qualified to serve.

### **RULE 66.06 Guardian Pre-Appointment Education.**

#### **(A) Requirement**

Except as provided in division (B) of this rule, the probate division of a court of common pleas shall not appoint an individual as a guardian unless, at the time of appointment or within six months thereafter, the individual has successfully completed, at a minimum, a six-hour guardian fundamentals course provided by the Supreme Court or, with the prior approval of the

appointing court, another entity. The fundamentals course shall include, at a minimum, education on the following topics:

- (1) Establishing the guardianship;
- (2) The ongoing duties and responsibilities of a guardian;
- (3) Record keeping and reporting duties of a guardian;
- (4) Any other topic that concerns improving the quality of life of a ward.

(B) Exception

An individual serving as a guardian on June 1, 2015, or who served as a guardian during the five years immediately preceding that date shall have until June 1, 2016 to complete the training required under division (A) of this rule unless the appointing court waives or extends the requirement for good cause.

RULE 66.07 Guardian Continuing Education.

(A) Requirement

In each succeeding year following completion of the requirement of Sup.R 66.06, a guardian appointed by the probate division of a court of common pleas shall successfully complete a continuing education course that meets all of the following requirements:

- (1) Is at least three hours in length;
- (2) Is provided by the Supreme Court, or with the prior approval of the appointing court another entity;
- (3) Is specifically designed for continuing education needs of guardians and consists of advanced education relating to the topics listed in Sup.R 66.06 (A)(1).

(B) Annual compliance

On or before January 1st of each year, a guardian shall report to each probate division of a court of common pleas from which the guardian receives appointments information documenting compliance with the continuing education requirement pursuant to division (a) of this rule, including the title, date, location and provider of the education or a certificate of completion.

(C) Failure to Comply

If a guardian fails to comply with the continuing education requirement of division (A) of this rule, the guardian shall not be eligible for new appointments to serve as a guardian until the requirement is satisfied. If the deficiency in continuing education is more than three calendar years, the guardian shall complete, at a minimum, a six-hour fundamentals course pursuant to Sup.R. 66.06(A) to qualify again to serve as a guardian.

Current information on course dates, locations and registration can be found at:  
<http://www.supremecourt.ohio.gov/Boards/judCollege/adultGuardianship/default.asp>

## **COURT MONITORING OF GUARDIANSHIPS**

The Probate Court monitors all guardianships, each guardian's performance, and the well-being of the Ward. In the event the guardian is found delinquent in the performance of any responsibility, the Court will generally issue a citation to the guardian and his or her attorney. If the delinquency is not promptly cured, then the Court will take such action as may be necessary to protect the Ward. These remedies may include:

1. Requiring the guardian and counsel to appear before the Court to explain the reason for the delinquency and what actions are being taken to cure it.
2. Denial of guardian's fees for his or her service.
3. Removal and/or replacement of the guardian.
4. Imposition of contempt of Court sanctions for violations of Court Orders.

The Court's primary goals and responsibilities are to protect each Ward and require compliance with the guardianship laws of the State of Ohio. To fulfill these goals, the Court has created and maintains a system of computer tracking of guardianships to make sure all accounts and reports are timely filed. Additionally, a staff of Court Volunteer Visitors may assist the Court by making periodic personal visits to the Ward and the guardian. The Visitors will be completing a specific Evaluation Report developed by the Court. The evaluation is primarily used to determine the following:

1. Is the Ward's health and grooming being appropriately provided for?
2. Are the Ward's housing and living environment clean, safe, and otherwise appropriate for his or her needs?
3. Is there appropriate monitoring, contact, and supervision by the guardian (in person or otherwise) with the Ward, to protect the interests of the Ward?
4. Is the Ward provided with an acceptable degree of socialization and quality of life given the Ward's total circumstances?
5. Are there any other needs or circumstances of the Ward requiring action by the guardian or the Court to serve the Ward's best interest?

## **Guardianship Comments and Complaints Procedures**

Any person who has personal knowledge or information which reasonably creates concern for the safety, security or welfare of a ward's person or estate, or the performance of a guardian with respect to his or her guardianship responsibilities, may submit Comments or Complaints to the Probate Court.

All Comments and Complaints shall be submitted in writing and mailed or hand delivered to the Probate Court at 105 S. Market Street, Lisbon, Ohio 44432.

The Court will designate one or more deputy clerks to receive, review and stamp all Comments or Complaints noting the date received.

Upon receipt of a Comment or Complaint, the deputy court clerk shall note receipt in the guardianship file and mail a copy to the Guardian(s).

The Comment or Complaint shall be brought to the Probate Judge or Magistrate for review within four (4) days of receipt and also mailed or delivered to the guardian.

Upon review the Judge or Magistrate will make a determination as to whether a formal response, hearing or further investigation is warranted.

In the event a hearing is deemed appropriate, the court will provide notice of hearing by entry of the Court, to the Guardian, the Ward, the Complainant or Commenter, and next of kin of the Ward who are entitled to notice of the guardianship proceedings.

Upon disposition of the Complaint or Comment a copy of the Complaint or Comment, with a written record of the Court's disposition shall be maintained in the Court's guardianship file. Notice of Disposition will be mailed to the guardian and complainant upon completion of investigation.

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## Section II: Ward Information For Guardianships of the Person

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### WARD INFORMATION:

This section contains a form for keeping track of your Ward's personal information (i.e. residence, doctors, etc.) and a few charts to help organize specific events in the Ward's life (i.e. medical visits, visits by you, etc.). You are **encouraged but not required** by the Court to use these charts or form. They are solely for your own organization of information.

You should also determine whether the Ward has executed a will, a living will, a durable power of attorney for health care purposes, and/or a "do not resuscitate" order. If so, then these documents should be secured by the guardian or delivered to Ward's doctor(s) if appropriate.

In addition to filing an inventory, if applicable, pursuant to R.C. 2111.14(A)(1) and within three months after the guardian's appointment, a guardian shall file with the probate division of the court of common pleas as list of all of the ward's important legal papers including but not limited to estate planning documents, advance directives, and powers of attorney and the location of such papers, if known at the time of the filing.

If your Ward has not already done so, it is helpful to pre-arrange their funeral, including a burial plot, and pre-pay these expenses from the Ward's assets.

Also included in Section 3 is a sheet of yellow **Change of Address postcards**. Please use these postcards to notify the Court when **you or the Ward** move or change phone numbers.

### HOW TO SIGN DOCUMENTS ON WARD'S BEHALF

**When signing documents related to the Ward, be sure to sign your name followed by the words "guardian of \_\_\_\_\_ (Ward's name)", not just your name. By signing contracts for services as "guardian", payment for same will be the obligation of the guardianship, not your personal obligation.**

**PLEASE REMEMBER THAT IT MAY BE NECESSARY FOR THE WARD'S PHYSICIAN, RESIDENCE FACILITY, ETC. TO CONTACT YOU IN AN EMERGENCY. IF YOU INTEND TO BE AWAY FROM HOME FOR MORE THAN A DAY, BE SURE TO NOTIFY THE APPROPRIATE PERSONS HOW LONG YOU WILL BE GONE AND HOW YOU CAN BE REACHED.**

## **CONFLICT OF INTEREST**

A guardian shall avoid actual or apparent conflicts of interest regarding a ward's personal or business affairs. A guardian shall report to the probate division of the court of common pleas all actual or apparent conflicts of interest for review and determination as to whether a waiver of the conflict of interest is in the best interest of the ward.

## **REPORTING ABUSE, NEGLECT OR EXPLOITATION**

A guardian shall immediately report to the probate division of the court of common pleas and, when applicable, to adult protective services any appropriate allegations of abuse, neglect or exploitation of a ward.

## Duties of a Guardian of the Person

### #1: Advocate for the Ward

- **Visit Regularly**
  - At least once a month and return calls from facilities promptly.
- **Meet the Ward's Needs**
  - Make all decisions for the Ward (residential, medical, and financial). (see list on next page)
  - Ensure that the Ward is safe and free from abuse or neglect.
  - As a Guardian, you **cannot** delegate your responsibilities to others.

### #2: Cooperate with Court Visitor

Once a year, a Court Visitor will visit the Ward to assess the Ward's physical condition and living conditions.

- **Court Visitor will want to speak with the Guardian, too**
  - If you are unable to meet with the Court Visitor at the time of the Court visit, the Court Visitor must conduct a phone interview with you.

### #4: Report Change of Address

**The Court needs the current address and phone number for both the Ward and the Guardian.**

- **If Ward or Guardian's address or telephone number changes:**
  - Complete and mail yellow Change of Address postcard (included in Section 3 of Guardian Handbook)
  - AND-
  - Contact the Court at (300) 424-9516 to report the change

### #3: Submit Report

The Guardian of the Person's Bi-Annual Report reports the Ward's condition to the Court. When completing the report, remember:

- **The Report is REQUIRED BY LAW**
  - Failure to file this report can result in your removal as Guardian and other Court sanctions
- **Provide as many details as possible. Must be accompanied by report of ward's doctor re: ward's general state of health and if continuation of guardianship is necessary.**
- **Complete and mail to Probate Court**

### #5: Submit Final Report

- **To be filed if a minor Ward turns 18 years old**
- **To be filed if the Ward dies**
- **Include a copy of the death certificate**
- **Complete and mail to Probate Court**
  - If you do not have a copy of the Final Report, contact the court at (330) 424-9516 and one will be sent to you.

- There is a \$1 filing fee unless an Affidavit of Inability to Pay has been filed in the case.



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# MEETING THE WARD'S NEEDS

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The following outline is intended to assist the guardian in meeting the ward's needs, but is not intended to include all duties of a guardian.

1. Assess the ward's immediate and continuing medical, residential, financial, dietary, social and supervision needs.
2. Determine what resources are available to allocate toward satisfaction of the ward's needs.
3. In the event you are not guardian of the ward's estate, then communicate with those persons or agencies to obtain the necessary resources to satisfy the ward's needs.
4. Maintain frequent contact with the ward, his or her doctors, counselors, ward's family (if cooperative) and all other care providers to assure quality of care and any change of the ward's needs.
5. Make regular and timely reports to the court and cooperate with court visitors, your legal counsel and all court personnel as directed.
6. Anticipate and consider the future needs of the ward including the following:
  - A. Pre-planned funeral arrangements if none were previously made.
  - B. Access to any advanced health care directives previously made by the ward, such as a Living Will.
  - C. Medical directives for wards who are terminally ill such as "DNR" Do Not Resuscitate orders if advised by the ward's treating doctor.

NOTE: Making these decisions are often difficult and they call for the highest degree of prudence and consideration by the guardian. To the extent it is possible or practical, the guardian should take into account each of the following before making these important decisions.

- A. The best interests of the ward,
- B. The medical opinions of the ward's doctors and any independent assessors,

- C. The expressed desire of the ward, to the extent the ward has the ability to comprehend and participate in the decision,
- D. Any prior expression of an incapacitated ward's desire made prior to his or her incapacity,
- E. The moral, ethical and religious values of the ward currently or prior to incapacity and how they would influence the ward's own decision if he or she were competent to make the decision,
- F. The degree of practical necessity or desirability for the advanced planning, and
- G. The feelings and opinions of the ward's family members and any other intimate friends.

Ward's Personal Information

→ Residence of Ward

Location: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No: \_\_\_\_\_

\*\* If residential information changes please inform the Court  
by using the yellow change of address card\*\*

→ Primary Doctor

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

→ Psychiatrist/Psychologist

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

→ Social or Other Case Worker

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

→ Dentist

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

→ Other

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

### Guardian Contact With Ward

A chart to help you keep track of when you visit or call the Ward.

Date	Personal Visit or Phone Call	Notes
	<p style="text-align: center;"><input type="checkbox"/> <b><u>Personal Visit</u></b></p> <p><input type="checkbox"/> Phone call to Ward <input type="checkbox"/> Phone call to a staff member about the Ward Who did you speak with? _____</p>	
	<p style="text-align: center;"><input type="checkbox"/> <b><u>Personal Visit</u></b></p> <p><input type="checkbox"/> Phone call to Ward <input type="checkbox"/> Phone call to a staff member about the Ward Who did you speak with? _____</p>	
	<p style="text-align: center;"><input type="checkbox"/> <b><u>Personal Visit</u></b></p> <p><input type="checkbox"/> Phone call to Ward <input type="checkbox"/> Phone call to a staff member about the Ward Who did you speak with? _____</p>	
	<p style="text-align: center;"><input type="checkbox"/> <b><u>Personal Visit</u></b></p> <p><input type="checkbox"/> Phone call to Ward <input type="checkbox"/> Phone call to a staff member about the Ward Who did you speak with? _____</p>	
	<p style="text-align: center;"><input type="checkbox"/> <b><u>Personal Visit</u></b></p> <p><input type="checkbox"/> Phone call to Ward <input type="checkbox"/> Phone call to a staff member about the Ward Who did you speak with? _____</p>	
	<p style="text-align: center;"><input type="checkbox"/> <b><u>Personal Visit</u></b></p> <p><input type="checkbox"/> Phone call to Ward <input type="checkbox"/> Phone call to a staff member about the Ward Who did you speak with? _____</p>	





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# How to include the Ward in Decision Making

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A Guardian should consider the Ward's thoughts and feelings when making a decision for the Ward.

When discussing the situation with the Ward, a Guardian should:

1. Talk with (not at) the Ward.
2. Listen carefully to what the Ward is saying and trying to communicate.
3. Remember that the Ward is an adult and should be given the respect that an adult deserves.
4. Avoid talking about the Ward with others as though the Ward is not present.

## ALWAYS REMEMBER:

It is the DUTY and RESPONSIBILITY of the Guardian to make a final decision that is appropriate and in the best interests of the Ward, even if the Ward disagrees with the decision.

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# Making Medical Decisions

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It is the Guardian's responsibility to make decisions based on the Ward's needs. Medical decisions can be very hard to make. The well being and comfort of your Ward, and perhaps your Ward's life, depends on making the right choice.

## Talking to the Doctor: Insist on Clarity

Doctors may use vague or technical language when explaining the risks and benefits associated with the treatment options. It is the responsibility of the doctor to inform you in a clear and understandable manner so you can make an informed decision. Not all doctors do this, though. If the doctor is using words you do not understand, it is your responsibility as the Guardian to request clarification.

Vague or very technical language isn't very helpful in making a decision for your Ward. For example, if a doctor tells you "complications are rare" or "we anticipate successful results," ask that those statements be explained in a manner that you can understand. Complications might be rare, but what could possibly happen? It is nice to hear the doctor anticipates successful results, but what does the doctor consider "successful"? Does it mean the Ward will be able to run after knee surgery or does it mean the Ward will have less pain? These are important distinctions.

<h3>Questions to ask the Doctor</h3>
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- |   |
|---|
| <ul style="list-style-type: none"><li>• What is the proper name of the procedure and what does it mean?</li><li>• What are the risks?</li><li>• What is the expected outcome of the procedure?</li><li>• What are other possible outcomes of the procedure?</li><li>• Why is it being done now instead of later?</li><li>• Who will perform the procedure? Does the procedure require a specialist and does the person performing the procedure have that expertise?</li><li>• Has there been consultations with other doctors? If so, who?</li><li>• How much does the Ward's disability interfere with performing the procedure? Has the doctor planned for this?</li><li>• What care is required after the procedure?</li><li>• How long is recovery? Will there be discomfort?</li><li>• How will any medications affect the Ward's activities, appetite?</li></ul> |
|---|

## **Take Time To Research All the Options**

Often medical decisions are made under pressure. It is important for the Guardian to know that, although convenient for the schedule of the doctor, making decisions on the spot may be inappropriate. Unless it is an emergency, the Guardian should take care to take whatever time is necessary to be fully informed and consider medical options.

It may be safe to postpone the decision for a few days or longer in order to weigh all the options. When a doctor (or anyone else) insists on a quick decision, ask if your Ward's life is in jeopardy if the decision is delayed a few days. If not, use the time to become more familiar with the situation and the options so that the best medical decision can be made. You may also consider seeking a second opinion.

### 10 Questions to Ask about All Medications

1. What is the name of the medication and what is it supposed to do?
2. When and how is it taken? With water? Food? Empty stomach?
3. How long should it be taken? Are there refills?
4. Does this medication contain anything that could cause an allergic reaction?
5. Will this medication interact with any other medications currently being taken?
6. Will this medication affect day to day activities?
7. What should be done if Ward forgets to take the medication?
8. Will there be any side effects? What should be done if experience adverse side effects?
9. Is a generic version of this product available?
10. What is the best way to store this medication?

After these questions have been answered, it is important to provide the information gained to any and all persons providing or assisting in the Ward's care. If multiple doctors are providing care, then be sure to provide each doctor with a complete list of all prescriptions with the dosage and the name of the prescribing doctor.

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# Tips for Interviewing Personal Care/Assisted Living Facilities

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- Ask specific questions regarding location.
- Ask about the cost. Do they have a daily or monthly rate? If private pay, can Medicare or Medicaid be applied?
- What services are included, i.e.: number of meals per day, snacks, laundry, housekeeping, social activities, transportation?
- What is the capacity of residents for this facility?
- How long Facility has been in business?
- Do they provide references?
- What are the credentials of employees (RN, LPN, Nurse's Aide)?
- Are the employees licensed? Who licenses them?
- Do home health providers service residents?
- Who furnishes the room?
- Are short-term stays okay (respite care and cost)?
- Who provides respite for the service providers?

Most importantly, visit the Facility yourself! It is okay to call and ask some questions over the phone, but follow up with personal visits.

---

## Checklist for Selecting Personal Care/Assisted Living Facilities

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Finding the appropriate residence for your Ward can be stressful. This checklist was designed to make the researching process a little easier for you. It suggests things to look for in a nursing home, nursing home staff, and comfortable living environment for your Ward.

<b>Does the Staff:</b>	Yes	No	Comments
know the residents by name?			
respond quickly to calls for assistance?			
treat residents with courtesy and respect?			
knock and wait for a response before entering room?			
close doors and curtains for privacy of changing, bathing and treatments?			
have adequate help to serve meals and assist with feeding in a timely manner, both in private and in dining rooms?			
have adequate help to assist in bathing, dressing and attending to other resident needs?			

<b>The Facility:</b>	Yes	No	Comments
Is the outside clean and in good repair?			
Are outside areas accessible to residents, not just "pretty?"			
Is the inside clean, in good repair and free of odors?			
Are bedrooms furnished with appropriate equipment and with resident's personal items?			
Are there areas for private conversations and phone calls?			
Is the home accessible with handrails and grab bars in the hall?			

Are there door alarms on all exits?			
Are there smoke alarms and detectors?			
Is there an emergency lighting system?			
Are warning signs displayed for wet floors?			
Are resident's rights clearly posted and observed by staff?			
Are visiting hours clearly posted?			
Is the smoking policy posted?			
Is the menu clearly posted and followed?			
Are current licenses on display?			
Are there any complaints against the facility?			

<b>Are the Residents:</b>	Yes	No	Comments
clean, dressed and well groomed?			
up at reasonable times?			
interacting with staff and each other?			
participating in a regular schedule of activities?			
receiving appropriate portions, nutritious, and good-tasting meals?			
eating the majority of their meals?			
placed in restraints?			

**Other Comments**

Positive	Negative	Questions to Ask

---

# Indicators of Poor Care in Personal Care/Assisted Living Facilities

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The following are common complaints of residents living in long term care that may be indicators of poor care, neglect, or abuse.

- Unanswered call bells
- Incorrect use of restraints (both physical and chemical)
- Excessive use of restraints
- Overly sedated residents
- Not taken to the bathroom regularly or frequently
- Frequent urinary tract infections
- Urine and other body odors
- Unsatisfactory mouth care (i.e. odors)
- Men unshaven
- Hair not combed
- Fingernails/Toenails long and dirty
- Eyeglasses and teeth locked away
- Skin breakdown on buttocks, in skin folds, and creases
- Not offering water to residents (dehydration)
- Dry mouth, eyes sunken, very dry skin, speech problems
- Unexplained confusion or drowsiness
- No assistance with feeding leading to poor nutrition
- Reddened areas that do not disappear
- Poor staff training
- Inadequate supervision of staff
- Threats, rough handling, scolding

If any of these, or other unmentioned indicators are present, question residential staff, nursing staff, social worker/caseworker, etc. and ask what can be done to fix the situation. If after confrontation no action is taken, report conditions to appropriate authorities (see “Helpful Phone Numbers” in Section 2 of this handbook). If actual abuse or neglect is suspected, same should be reported to the Ohio Department of Health at 1-800-342-0553 who then may make an inspection and investigation.

## NURSING HOME CHAIN OF COMMAND

Ombudsman  
1-800-321-5826

Administrator

Director of  
Social

Dietary  
Director

Director  
Of Nursing

Activity  
Director

Maintenance  
Director

Housekeeping/  
Laundry

Business  
Office

Admissions

Cooks

ADON/  
Unit  
Manager

Activity  
Aide

Maintenance  
Staff

Housekeeping  
Staff

Human  
Resources

Dietary  
Aides

Charge  
Nurse  
(LVN)

Nurse Aides  
(CNAs)

Medication  
Aides  
(CMAs)

---

# Areas you may find yourself Advocating for the Ward:

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Freedom from Abuse or Neglect

Quality of Personal Care

Quality of Medical Care

Accessibility

Transportation

Access to Community Services

In-Home Care

Least Restrictive Placement

Educational and Vocational Services

Mental Health Services

Financial Benefits

Application or Termination of Life Sustaining Medical Treatment

If you find yourself in any of these situations and are unsure of what to do or would like some assistance, contact an attorney or feel free to contact the Court for other appropriate referral.

**NOTE: THE COURT STAFF INCLUDING THE GUARDIANSHIP AUDITOR ARE NOT ATTORNEYS AND ARE NOT PERMITTED BY LAW TO PROVIDE LEGAL ADVICE. QUESTIONS REQUIRING LEGAL ADVICE ANSWERS MUST BE REFERRED TO AN ATTORNEY OF YOUR CHOOSING. THE STAFF IS NOT PERMITTED TO MAKE ATTORNEY REFERRALS.**

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## **Section III: Resources**

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### **Resources:**

This section contains resources for your own personal use. These are simply some suggestions and extra information pulled together to help guide you when making decisions that affect the Ward. Certainly all the answers are not found in this section, but hopefully it can be a place to start.

### **Helpful Phone Numbers**

#### **Abuse, Exploitation, Neglect**

Adult Protective Services: 330-420-6600  
Attorney General, State of Ohio:  
    Crime Victim's Services Section: 1-800-582-2788  
    Patient Abuse: 1-800-64ABUSE  
Help Hotline: 330-424-7767 (24 hr.phone service)  
    TDD: 330-744-0579 (Deaf phone line)  
Medicaid Patient Abuse Hotline: 1-800-642-2873  
Victims Assistance Services: 330-424-7767

#### **Elderly Services**

Aging & Disability Resource Center: 1-800-686-7367  
Area Agency on Aging 11: 330-505-2300  
Alzheimer's Association Greater East Ohio Area  
    Chapter: 330-864-5646; 1-800-272-3900  
Alzheimer's Association & Referral Network: 330-788-9755 or  
    1-866-822-2102  
Alzheimer's Care Giver Services: 330-788-9755 or 1-866-822-2102  
Alzheimer's Disease & Related Disorder Association: 330-533-3300  
Alzheimer's Research Center of Northeastern Ohio-  
    Windsor Home Inc.: 330-549-9259  
American Association of Retired Persons (AARP): 1-800-424-3410  
Aging & Disability Resource Center: 1-800-686-7367  
Area Agency on Aging 11: 330-505-2300  
Elder Care Locator: 1-800-677-1116  
Columbiana County Dept. of Job & Family Services: 330-424-1471  
Ohio Valley Home Health, Senior Link: 330-385-2333

Salem VNA – Visiting Nurses: 330-332-9986  
Veteran’s Administration Outpatient Clinic: 330-386-4303

## **Hospitals**

Allegheny General Hospital: 412-359-3131  
Heritage Valley Health System: 724-773-1995  
Children’s Hospital of Pittsburgh – 412-692-5325  
Cleveland Clinic Foundation – 800-223-2273 or 216-445-5580  
River Valley Partners - East Liverpool City Hospital – 330-385-7200  
Harmarville Rehabilitation Center – 412-828-1300  
Magee Women’s Hospital – 412-502-5862  
Northside Medical Center, Youngstown – 330-884-1000  
Salem Regional Medical Center – 330-332-1551  
St. Elizabeth Health Center, Youngstown – 330-746-7211  
St. Elizabeth Health Center, Boardman – 330-789-2929  
UPMC Health System – 412-647-2345  
Western Pennsylvania Hospital – 412-578-5000

## **Insurance**

Ohio Insurance Commission:  
Consumer Services: 1-800-686-1526  
Fraud Division: 1-800-686-1527 or 614-644-2671  
Senior Health Insurance: 1-800-686-1578

## **Medicare**

General Information: 1-800-633-4227  
Social Security Administration: 1-800-772-1213

## **Mental Health & Mental Retardation Services**

Advocacy and Protective Services: 330-652-3695  
Columbiana County Board of Developmental Disabilities: 330-424-7788  
Columbiana County Counseling Center: 330-424-9573  
Columbiana County Mental Health & Recovery Services Board: 330-424-0195  
Ohio Department of Developmental Disabilities: 1-800-617-6733  
Abuse and Neglect Hotline: 1-866-313-6733  
National Alliance for the Mentally Ill:  
NAMI: 330-332-4284  
NAMI Ohio: 1-800-686-2646 or 614-224-2700

## **Nursing Homes**

Auburn Skilled Nursing: 330-537-4621  
Blossom Health Care: 330-337-3033  
Calcutta Health Care: 330-385-7100  
Circle of Care: 330-332-1588  
Covington Skilled Nursing: 330-426-2920  
Essex of Salem: 330-337-9503  
Orchards of East Liverpool: 330385-3600  
Parkside Health Care: 330-482-5547  
St. Mary's Alzheimer's Center: 330-549-9259  
Valley Oaks Care Center: 330-385-5001  
Vista Care Center: 330-424-5852

Long-term Ombudsman: 1-800-5895826

## **Probate Court**

Court Investigator, Carol Harvey: 330-420-6670  
Deputy Clerk of Probate Court: 330-424-9516 Ext. 1251, 1252, 1253, or 1254

## **Transportation**

Columbiana County Dept. of Job & Family Services 330-424-1471 (Medicaid  
Transportation Services)  
Community Action Agency of Columbiana County: 330-424-4015

## **Veterans**

Veteran's Administration: 1-800-827-1000  
Veteran's Administration Outpatient Clinic: 330-386-4303  
Veteran's Crisis Line: 800-273-8255  
Veteran's Outreach Inc.: 330-755-5792  
Veteran's Service Commission: 330-424-7214  
Community Action Agency – Vet Housing: 330-424-4013

## **Other Community Resources**

Bureau of Vocational Rehabilitation: 1-800-282-4536 or 614-438-1200  
Chatholic Charities (East Liverpool; Wellsville): 330-385-4732  
Chore Services – provides heavy cleaning of homes free of charge for elderly and  
disabled: 330-420-6600  
Community Action Agency: 330-424-7221  
Community Resource Center of East Liverpool, Inc.: 330-385-1301

Easter Seals – Grant ; 330-884-2513

Hospice of the Valley: 330-482-2014

Meals on Wheels:

330-482-0366 (Columbiana)

330-426-3066 (East Palestine)

Mobile Meals of Salem, Inc.: 330-332-2160

Ohio Dept. of Job & Family Services: 330-424-1471

Ohio Relay Services (Deaf services): 1-800-750-0750

Passport (alternative to nursing home placement-serving Mahoning, Columbiana,  
Trumbull and Ashtabula Counties): 1-800-686-7367

United Way of Southern Columbiana County: 330-385-2082

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## **Section IV: Forms**

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### **Forms:**

This section contains copies of the legal forms you will use and file as a Guardian.

#### **Guardian of the Person's Report**

The Guardian of the Person's Report is the form you will submit **every years** to the Court describing specific details about the location and conditions of the Ward. You must attach a Statement of Expert Evaluation with the Report every two years. A guardian of the Person's Annual Report (light blue form) and a Statement of Expert Evaluation (pink form) are included. Additional copies are available upon request from the Court. Simply fill out the report, sign it, and mail it back to Probate Court. Failure to submit a Guardian of the Person's Annual Report may result in termination of Guardianship, removal of the guardian, and other Court sanctions.

#### **Guardian of the Person's Final Report**

The Guardian of the Person's Final Report is a form to submit to the Court when the Ward dies or turns 18 years of age. This terminates your responsibilities as a Guardian.

#### **Resignation of Guardian**

The Guardian, through his/her attorney, must file a motion to be relieved of their duties as Guardian. A suitable person should be found to assume these duties as Successor Guardian. An Application for Appointment of Guardian must be filed by the person who has agreed to become the Successor Guardian.

If you have any questions concerning these forms contact a  
Guardian Assistant at (330) 424-9516

No. \_\_\_\_\_

IN THE MATTER OF  
THE GUARDIANSHIP OF

IN COLUMBIANA COUNTY  
PROBATE COURT

\_\_\_\_\_  
AN INCAPACITATED PERSON

GUARDIAN OF THE PERSON'S REPORT ON THE  
CONDITION OF AN ADULT INCAPACITATED PERSON  
OR MINOR CHILD

**INSTRUCTIONS:** Please complete the report as thoroughly as possible. Place a check mark in the appropriate boxes and give details when necessary. Please do not leave blanks. If you are unsure or the information is not available please indicate accordingly. If allotted space is inadequate to respond, write "See Exhibit" in the space and add appropriate exhibit letter sequence, then attach exhibit containing information requested for that space. When completed, return to the Court.

THIS IS THE (CIRCLE ONE) 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, 4<sup>TH</sup>, 5<sup>TH</sup>, 6<sup>TH</sup>, OR \_\_\_\_ GUARDIAN'S REPORT.

A. Information About Incapacitated person ("IP") or minor child

1. Name: \_\_\_\_\_

2. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Incapacity:

Mental Retardation  Chronic Mental Illness  Head Injury  Stroke

Alzheimer's Dementia  Minor Child  Other: (describe) \_\_\_\_\_

\_\_\_\_\_

List any secondary medical conditions: \_\_\_\_\_

\_\_\_\_\_

4. IP/child's residence is:  Guardian's home  IP's own home  Nursing home

Group home  State School  other: (describe) \_\_\_\_\_

5. Name of Residence (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

6. The name of an individual at the home, facility or institution who has knowledge and is authorized to give information to the Court about the ward.

Name \_\_\_\_\_ Phone \_\_\_\_\_

7. List date IP/minor child moved to present residence: \_\_\_\_\_

8. Has IP/minor child changed residences within last 12 months?  Yes  No

If "Yes", state the reason for the move: \_\_\_\_\_  
\_\_\_\_\_

9. The Ward will be at the address given: \_\_\_ indefinitely \_\_\_ temporarily \_\_\_unknown

B. Information About Guardian of the Person

1. Guardian's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Has the Guardian's address changed in the last year?  Yes  No

4. Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

5. Relationship to Ward:  Family \_\_\_\_\_  Friend  No Relation  
(Relation) (Volunteer)

C. Visitation/Phone Contact

1. Ward  Does  Does Not live with the Guardian.  
(If the Ward "Does" live with the Guardian, you may skip the rest of Section "C".)

2. List the number of times you personally visited Ward during the last 12 months: \_\_\_\_\_

3. List date of your last personal visit to Ward: \_\_\_\_\_  
If you have not visited Ward frequently, have you had telephone contact?  Yes  
 No

4. How often is telephone contact? \_\_\_\_\_

5. List date of last telephone contact? \_\_\_\_\_

6. Who is the main telephone contact? \_\_\_\_\_

D. Information About Ward Medical Condition

1. During the past year, Ward's **mental health** has:

Remained the same  Improved  Deteriorated  
Describe: \_\_\_\_\_  
\_\_\_\_\_

2. During the past year, Ward's **physical health** has:

Remained the same  Improved  Deteriorated  
Describe: \_\_\_\_\_  
\_\_\_\_\_

3. During the past year, Ward has been treated or evaluated by the following:

Physician's Name: \_\_\_\_\_  
Describe: \_\_\_\_\_  
Psychiatrist's or Psychologist's Name: \_\_\_\_\_  
Describe: \_\_\_\_\_  
Social or other Case Worker's Name: \_\_\_\_\_  
Describe: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_  
Describe: \_\_\_\_\_  
Other Name: \_\_\_\_\_  
Describe: \_\_\_\_\_

4. Does Ward have a **primary doctor**?  Yes  No

Primary Doctor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

5. I believe my Ward has the following **unmet medical needs**: \_\_\_\_\_

6. What is being done to address these unmet needs? \_\_\_\_\_  
\_\_\_\_\_

E. Information About Ward's Social Conditions

1. During the past year, Ward engaged in the following activities: (Describe)

Recreational: \_\_\_\_\_  
 Educational: \_\_\_\_\_  
 Social: \_\_\_\_\_  
 Occupational: \_\_\_\_\_  
 None available: \_\_\_\_\_  
 Ward refuses or is unable to participate: \_\_\_\_\_

F. Information About Ward's Living Conditions

1. I rate my Ward's **living arrangements** as: (check one)

Excellent  Average  Below Average

If Below Average is marked, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. I believe my Ward is  Content  Unhappy with his or her living arrangements.

3. I believe my Ward has the following **unmet basic needs**: \_\_\_\_\_  
\_\_\_\_\_

4. What is being done to address these unmet needs? \_\_\_\_\_  
\_\_\_\_\_

G. Information About Ward's Assets and Income

1. Is there a Guardian of Ward's Estate?  Yes  No
2. Has a trust been established to benefit the Ward?  Yes  No
3. Does Ward receive Supplemental Security Income (SSI)  Yes  No  
If "Yes," how much per month? \$ \_\_\_\_\_  
List name of Payee: \_\_\_\_\_
4. Does Ward receive Social Security benefits?  Yes  No  
If "Yes," how much per month? \$ \_\_\_\_\_  
List name of Payee: \_\_\_\_\_
5. List source and amount of any other benefits you receive on Ward's behalf: \_\_\_\_\_  
\_\_\_\_\_
6. List any assets of Ward, other than personal effects, that you possess and that you have not listed on Guardian of the Estate's Annual Account: \_\_\_\_\_  
\_\_\_\_\_
7. Do you handle Ward's assets using a Power of Attorney?  Yes  No  
If "Yes," please attach a copy of Power of Attorney to this Annual Report.

H. Additional Information

1. Has Ward **regained capacity** to make decisions as would a reasonably prudent person in any of the areas over which you have been given power to make decisions for IP as Guardian?  Yes  No  
If "Yes," please described: \_\_\_\_\_  
\_\_\_\_\_
2. My powers as Guardian should:  
 Remain the same  
 Be decreased as follows: \_\_\_\_\_  
\_\_\_\_\_  
 Be increased as follows: \_\_\_\_\_  
\_\_\_\_\_
3. I believe the Court should be aware of the following **additional information** that concerns my Ward: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. Goals and Care Plan

1. The Guardian proposes to pursue the following Care Plan and Goals to meet the Ward's needs during the next 12 months: \_\_\_\_\_  
\_\_\_\_\_

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Check box below is applicable:

- The Ward's needs are currently being met through nursing home or other out-of-home professional care placement. The placement will be continued.

J. Continuing Education Compliance

1. The Ohio Supreme Court Rules of Superintendence of the Courts mandates the Guardians complete not less than 3 hours per year of continuing education credits under a cir approved by the Ohio Supreme Court.

- I certify that I have completed the following continuing education credits within the past 12 months. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I have not completed the continuing education requirements.

**A statement by a licensed physician, a licensed clinical psychologist, a licensed social worker, or a mental retardation team, that has evaluated or examined the ward within three months prior to the date of this report regarding the need for continuing the guardianship shall be filed every two years. [R.C. 2111.49(A)(1)(i)] (Form 17.1)**

I hereby **swear** that the answers set forth above are true and correct to the best of my knowledge and belief, and that I am giving such answers subject to the penalties of making a false affidavit or declaration. I further certify that I am unaware of any circumstances that may disqualify me from serving as guardian in this case.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Signature of Co-Guardian (if applicable)

**\*\*NOTE: Please attach a recent photograph of the IP to this Annual Report\*\***

PROBATE COURT OF COLUMBIANA COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

Case No. \_\_\_\_\_ Docket \_\_\_\_\_ Page \_\_\_\_\_

**STATEMENT OF EXPERT EVALUATION**

**SEE OHIO SUPREME COURT  
PROBATE FORM 17.1 AND 17.1A**

**Note: File only upon death of incapacitated person or when a minor Ward attains the age of 18 years.**

No. \_\_\_\_\_

IN THE MATTER OF  
THE GUARDIANSHIP OF

IN COLUMBIANA COUNTY  
PROBATE COURT

\_\_\_\_\_  
AN INCAPACITATED PERSON  
OR A MINOR CHILD

**GUARDIAN OF THE PERSON'S FINAL REPORT**

I, \_\_\_\_\_, represent that I am the guardian of \_\_\_\_\_ who is referred to herein as the Incapacitated Person or "IP", or the minor child and that my Final Report to the Court is as follows:

1. The IP died on \_\_\_\_\_ (date of death).
2. The IP died at \_\_\_\_\_ (place of death). Please attach death certificate if available.
3. Did the IP have a Will? Yes or No. Has a personal representative been appointed? Yes or No. If yes, list name \_\_\_\_\_ address \_\_\_\_\_ and phone: \_\_\_\_\_.
4. Is any of the IP's personal property still in your possession? Yes or No. If no, to whom did you distribute the Ward's personal property? Name \_\_\_\_\_ Address \_\_\_\_\_ and phone: \_\_\_\_\_.
5. The minor child has attained the age of 18 years on \_\_\_\_\_. Please attached a certified copy of the minor's birth certificate.

I swear that the answers set forth above are correct to the best of my knowledge and that I am giving such answers subject to the penalties of making a false affidavit. I hereby request the Court to close this guardianship, to discharge me as guardian of the person and to release me and the sureties on my bond.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone number

**Change of Address or Phone Number**  
**Of Ward or Guardian**

Case No. \_\_\_\_\_

If Ward or Guardian's address or telephone number changes:

WARD'S CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

WARD'S CURRENT PHONE NUMBER: \_\_\_\_\_  
\_\_\_\_\_

GUARDIAN'S CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

GUARDIAN'S CURRENT PHONE NUMBER: \_\_\_\_\_

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

You must also contact the Court at 330-424-9516, Ext. 1252

Send Change of Address Card to: Columbiana County Probate Court  
105 S. Market Street  
Lisbon, OH 44432

**Change of Address or Phone Number**  
**Of Ward or Guardian**

Case No. \_\_\_\_\_

If Ward or Guardian's address or telephone number changes:

WARD'S CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

WARD'S CURRENT PHONE NUMBER: \_\_\_\_\_  
\_\_\_\_\_

GUARDIAN'S CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

GUARDIAN'S CURRENT PHONE NUMBER: \_\_\_\_\_

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

You must also contact the Court at 330-424-9516, Ext. 1252

Send Change of Address Card to: Columbiana County Probate Court  
105 S. Market Street  
Lisbon, OH 44432

STAMP

COLUMBIANA COUNTY PROBATE COURT  
105 S. MARKET STREET  
LISBON, OHIO 44432

STAMP

COLUMBIANA COUNTY PROBATE COURT  
105 S. MARKET STREET  
LISBON, OHIO 44432

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## Section V: Guardians of the Estate

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This booklet is not intended to be used as a guide to the duties of the *Guardians of the Estate* of the Ward. Guardians of the estate in Columbiana County, Ohio, are required by local court policy to be represented by an attorney to assist them. This rule is necessary due to the greater complexity of issues and duties required of those guardians. Financial accountings and other legal filings need to be monitored and timely prepared and filed in conformity with standard probate procedures and law. The staff of the Probate Court is prohibited by law from providing legal advice to any persons in guardianships or any other matters.

Although guardians of the estate must have legal counsel to assist them, they are not relieved from personal responsibility for timely and consistent performance of their duties. All guardians should periodically consult with their legal counsel to insure that all guardianship responsibilities are being fulfilled. Guardians must assume personal responsibility to make sure all filings are timely and accurately made. There is no substitute for good record keeping. For your attorney to effectively assist you he or she must be presented with orderly and complete records.

The primary duties of guardian of the estate are set forth in RC 2111.14:

“In addition to his other duties, every guardian appointed to take care of the estate of a ward shall have the following duties:

- (A) To make and file within three months after his appointment a full inventory of the real and personal property of the Ward, its value, and the value of the yearly rent of the real property, provided that, if the guardian fails to file the inventory for thirty days after he has been notified of the expiration of the time by the probate judge, the judge shall remove him and appoint a successor;
- (B) To manage the estate for the best interest of the Ward;
- (C) To pay all just debts due from the Ward out of the estate in his hands, collect all debts due to the Ward, compound doubtful debts, and appear for and defend, or cause to be defended, all suits against the Ward;
- (D) To obey all orders and judgments of the courts touching the guardianship;

- (E) To bring suit for the Ward when a suit is in the best interest of the Ward. Prior to filing suit, the guardian must file a motion and obtain a court order granting authority to file suit.
- (F) To settle and adjust, when necessary or desirable, the assets that he may receive in kind from an executor or administrator to the greatest advantage of the Ward. Before a settlement and adjustment is valid and binding, it shall be approved by the probate court and the approval shall be entered on its journal. The guardian also shall have the approval of the probate court to hold the assets as received from the executor or administrator or to hold what may be received in the settlement and adjustment of those assets.

No guardian appointed to take care of the estate of a Ward may open a safety deposit box held in the name of the Ward, until the contents of the box have been audited by an employee of the county auditor in the presence of the guardian and until a verified report of the audit has been filed by the auditor with the probate court, which then shall issue a release to the guardian permitting the guardian to have access to the safety deposit box of the Ward.”

- (G) A guardian shall immediately report to the probate division of the court of common pleas and, when applicable, to adult protective services any appropriate allegations of abuse, neglect or exploitation of a ward.
- (H) A guardian shall immediately report to the probate court any report of concern of financial exploitation of the ward, or theft or conversion of any property of the ward’s estate.

## NOTES

## NOTES

## NOTES