

REFERRAL APPLICATION FOR COURT APPOINTMENT OF A PUBLIC GUARDIAN

1. REFERRING AGENCY & PERSON:

Phone: [redacted] Email:

2. NAME OF PROPOSED WARD:

Address:

City / State / ZIP :

Phone: [redacted] Email:

Date of Birth: [redacted] Soc. Sec. #:

3. DESCRIBE WHY YOU BELIEVE THIS PERSON NEEDS A GUARDIAN:

4. DESCRIBE WHY A GUARDIANSHIP IS NEEDED NOW:

5. HAS A LICENSED PHYSICIAN OR CLINICAL PSYCHOLOGIST EVALUATED THIS PERSON AND DETERMINED THAT A GUARDIANSHIP IS NEEDED? Yes No If

“Yes”, provide:

Name of Licensed Physician or Psychologist:

A “STATEMENT OF EXPERT EVALUATION” IS ATTACHED: Yes No

6. PROPOSED WARD’S KNOWN ASSETS:

Pension or 401(k) Yes No Amount: [redacted] Per Year Per Month

Disability Benefits Yes No Amount: [redacted] Per Year Per Month

Soc. Sec. Benefits Yes No Amount: [redacted] Per Year Per Month

Owns Home? Yes No Address:

Bank Account? Yes No Bank:

7. PROPOSED WARD'S NEXT OF KIN:

Name: [] Relationship: []

Address: [] City/State/ZIP: []

Phone: [] Email: []

Is this person willing to be appointed as Guardian? Yes No

8. PROPOSED WARD'S NEXT OF KIN:

Name: [] Relationship: []

Address: [] City/State/ZIP: []

Phone: [] Email: []

Is this person willing to be appointed as Guardian? Yes No

9. PROPOSED WARD'S NEXT OF KIN:

Name: [] Relationship: []

Address: [] City/State/ZIP: []

Phone: [] Email: []

Is this person willing to be appointed as Guardian? Yes No

Are there additional Next of Kin? Yes No **If "Yes", please list on separate sheet.**

10. IS THERE A VALID POWER OF ATTORNEY FOR THE PROPOSED WARD?

Yes No **If "Yes", who is the Authorized Agent? Name:**

Agent's Phone: [] Agent's Email: []

11. IS THE PROPOSED WARD A U.S. MILITARY VETERAN? Yes No **If "Yes", provide:**

Military I.D.: [] Service Branch: [] Dates: []

ACKNOWLEDGMENT:

The foregoing information is complete and accurate to the best of my knowledge, information, and belief.

Date: _____

Applicant's Signature

Applicant's Printed Name

When completed, please send this form to:

Portage County Guardianship Service Board
120 E. Main Street
Ravenna, OH 44266

Or email to: portagecountygsb@gmail.com