

James A. Fredericka, Judge  
TRUMBULL COUNTY PROBATE COURT  
161 High Street  
Warren, Ohio 44481  
(330) 675-2521  
fax: 675-2524  
www.trumbullprobate.org

**GUARDIANSHIP OF A MINOR**  
[R.C. 2111.03(C)]

**What it will cost:** The court collects a deposit when the application is filed.  
*person only: \$161.00 | estate only: \$161.00 | person & estate: \$161.00*

**\*\*The Probate Court accepts payment by cash, check, and money order only. The Court does not accept payment by debit or credit cards.\*\***

**What it will do:** Although a Letter of Guardianship and a Custody Order are similar in nature, they are entirely two different processes with different responsibilities and different parameters. The applicant should investigate both procedures if unsure as to what would be in the best interest of the minor.

Under Local Court Rule 34.4, an application for the appointment of a guardian of a minor shall not be filed if the only reason for the guardianship is to establish a residency for school purposes. Custody for school purposes is a matter to be heard and determined in the Juvenile Division of the Court of Common Pleas.

**What to expect:** The applicant will need to complete the packet of forms. ***Please note: The minor must be a resident of Trumbull County.*** Please type or print legibly in blue or black ink and sign where indicated; these are official court documents. **A certified copy of the minor's birth certificate must accompany the application, certified within 30 days.** The applicant's signature on the affidavits must be witnessed by a notary public.

Once the application has been accepted for filing, the application is docketed and sent to the Assignment Clerk to schedule a hearing. A hearing is generally scheduled within two to three weeks. The applicant will be notified by mail of the hearing date and time.

Within thirty days of filing the application, the applicant will need to submit to a criminal background check with the Trumbull County Sheriff's Department. Call the Sheriff's Department at 330-675-2540 for an appointment. Take the consent form and \$25.00 to the Sheriff's Department at your scheduled time. Results will be sent to the probate court and forwarded to the applicant.

A minor aged 14 and over will need to appear at the Probate Court filing counter at least seven days before the hearing to receive personal service. If this deadline is not met, it may be necessary to reschedule the hearing at additional costs to the guardianship.

On the day of the hearing, the applicant will want to arrive 10 to 15 minutes early and check in with the Probate Court's receptionist in the front office.

At the hearing, the magistrate will review the application and explain the guardian's duties. After the magistrate has approved the application, the applicant will sign an Oath of Guardian and receive your Letters of Guardianship. (If the application is contested, a evidentiary hearing will be needed).

**PROBATE COURT OF TRUMBULL COUNTY, OHIO  
JAMES A. FREDERICKA, JUDGE**

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

CASE NO. \_\_\_\_\_ DOCKET \_\_\_\_\_ PAGE \_\_\_\_\_

**APPLICATION FOR APPOINTMENT OF GUARDIAN  
OF MINOR  
(R. C. 2111.03 (C))**

Applicant, a resident of \_\_\_\_\_ County, Ohio, hereby applies for the appointment of (himself) (herself) or some suitable person as guardian of the following minor and represents that the applicant is not an administrator, executor, or other fiduciary of an estate wherein the minor is interested.

Name of Minor	Age	Date of Birth	Residence or Legal Settlement

Attached is a list of the next of kin of the minor. (Form 15.0)

A guardian is necessary because (R.C. 2111.06), \_\_\_\_\_

TYPE OF GUARDIANSHIP APPLIED FOR IS

\_\_\_\_\_ non-limited \_\_\_\_\_ limited \_\_\_\_\_ person and estate \_\_\_\_\_ estate only \_\_\_\_\_ person only

IF THE APPLICATION IS FOR LIMITED GUARDIANSHIP

The length (time period) of the guardianship requested is:

\_\_\_\_\_ indefinite \_\_\_\_\_ definite to \_\_\_\_\_

The limited powers requested are: \_\_\_\_\_

Applicant attaches affidavit pursuant to R.C. 3109.27.

Applicant represents that grounds exist for the Court to exercise its jurisdiction. (Applies to guardianship of person only. R.C. 3109.22).

The applicant has (not) been charged with or convicted of a crime involving theft, physical violence, or sexual, alcohol or substance abuse except as follows (If applicable, state date and place of each charge or each conviction.)

The whole estate of said minor is estimated as follows:

Personal property .....	\$ _____
Real estate .....	\$ _____
Annual rents .....	\$ _____
Other annual income .....	Total \$ _____

Applicant offers the attached bond in the amount of \$ \_\_\_\_\_

I hereby certify that all the information and statements contained in this application and attached exhibits are correct to the best of my knowledge and belief.

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

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Supreme Court Registration Number

**PROBATE COURT OF TRUMBULL COUNTY,  
OHIO JAMES A. FREDERICKA, JUDGE**

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

**CASE NO.** \_\_\_\_\_

**NEXT OF KIN OF PROPOSED WARD**

[R.C. 2111.04]

(NOTE: Specify age and birthdate of each minor under 16 on the line containing the minor's name. List the name and address of the minor's parent, guardian or custodian on the name and address lines following the minor's address.)

Service Waived	Name	Relationship	Birthdate Of Minor
1. [ ]	Name _____	_____	_____
	Address _____		Zip _____
2. [ ]	Name _____	_____	_____
	Address _____		Zip _____
3. [ ]	Name _____	_____	_____
	Address _____		Zip _____
4. [ ]	Name _____	_____	_____
	Address _____		Zip _____
5. [ ]	Name _____	_____	_____
	Address _____		Zip _____
6. [ ]	Name _____	_____	_____
	Address _____		Zip _____
7. [ ]	Name _____	_____	_____
	Address _____		Zip _____
8. [ ]	Name _____	_____	_____
	Address _____		Zip _____
9. [ ]	Name _____	_____	_____
	Address _____		Zip _____
10. [ ]	Name _____	_____	_____
	Address _____		Zip _____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

**PROBATE COURT OF TRUMBULL COUNTY, OHIO  
JAMES A. FREDERICKA, JUDGE**

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

**CASE NO.** \_\_\_\_\_

**WAIVER OF NOTICE AND CONSENT**

We, the undersigned, do each of us hereby waive the issuing and service of notice, and voluntarily enter our appearance herein.

We do hereby consent to the appointment of \_\_\_\_\_

or some suitable person as guardian of \_\_\_\_\_

\_\_\_\_\_

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

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

**PROBATE COURT OF TRUMBULL COUNTY, OHIO**  
**JAMES A. FREDERICKA, JUDGE**

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

**AFFIDAVIT**  
**[R.C. 3127.23]**

State of Ohio, County of \_\_\_\_\_ S.S.

(To be filed only when guardianship of the person of a minor is sought.)

Affiant being first duly sworn, deposes and says:

1. That the child's present address, the places where the child has lived within the last five years, and the names and present addresses of the person(s) with whom the child has lived during that period are:

2. That affiant has (not) participated as a party, witness, or in any other capacity in any litigation concerning the custody of the child(ren) in this or any other state.

3. That affiant has (no) information of any custody proceeding concerning the child(ren) pending in a court of this or any other state, except \_\_\_\_\_

4. That affiant has (no) knowledge of any person not a party to the proceedings who has physical custody of the child(ren) or claims to have custody or visitation rights with respect to the child(ren).

If 2, 3, or 4 is answered in the affirmative, and the space afforded is insufficient for full explanation, please attach and incorporate herein any necessary information.

Affiant realizes that affiant has a continuing duty to inform the Court of any custody proceedings concerning the child(ren) in this or any other state of which affiant obtains information during the pendency of this proceeding.

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**PROBATE COURT OF TRUMBULL COUNTY, OHIO  
JAMES A. FREDERICKA, JUDGE**

**IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_, A MINOR**  
**CASE NO. \_\_\_\_\_**

**AFFIDAVIT OF APPLICANT**

To be filed only when an application for guardianship of the person is made by someone other than the minor's parent (s). See R.C. 2151.357.

Affiant being first duly sworn, deposes and says:

1. That the present address and resident school district of the parent (s) having legal right of custody of the minor are as follows:
2. That the present address and resident school district of the non-custodial parent (s) of the minor are as follows:
3. That the minor's present address and resident school district are as follows:
4. Affiant represents that the minor's parent (s) are/are not presently placed in a residential or correctional facility or a juvenile placement.
5. Affiant represents that the minor will/will not require special education.
6. Affiant represents that guardianship is/is not for school purposes only.

Affiant should strike in inappropriate response.

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

\_\_\_\_\_  
Applicant's typed or printed name

\_\_\_\_\_  
Address

\_\_\_\_\_

Sworn to before me and subscribed in my presence on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

**AFFIDAVIT OF APPLICANT**

**PROBATE COURT OF TRUMBULL COUNTY, OHIO  
JAMES A. FREDERICKA, JUDGE**

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

**CASE NO.** \_\_\_\_\_

**FIDUCIARY'S ACCEPTANCE**

**GUARDIAN**

(R.C. 2111.14)

I, the undersigned, hereby accept the duties which are required of me by law, and such additional duties as are ordered by the Court having jurisdiction.

**AS GUARDIAN OF THE ESTATE, I WILL:**

1. Make and file an inventory of the real and personal estate of the ward within 3 months after my appointment.
2. Deposit funds which come into my hands in a lawful depository located within this state.
3. Invest surplus funds in a lawful manner.
4. Make and file an account biennially, or as directed by the Court.
5. File a final account within 30 days after the guardianship is terminated.
6. Inventory any safe deposit box of the ward.
7. Preserve any and all Wills of the Ward as directed by the Court.
8. Expend funds only upon written approval of the Court.
9. Make and file a guardian's report biennially, or as directed by the Court.

**AS GUARDIAN OF THE PERSON, I WILL:**

1. Protect and control the person of my ward, and make all decisions for the ward based upon the best interest of the ward.
2. Provide suitable maintenance for my ward when necessary.
3. Provide such maintenance and education for my ward as the amount of his estate justifies if the ward is a minor and has no father or mother, or has a father or mother who fails to maintain or educate him/her.
4. Make and file a guardian's report biennially, or as directed by the Court.
5. Obey all orders and judgments of the Court pertaining to the guardianship.
6. Obtain the written approval of the Court before executing a caretaker power of attorney authorized by R.C. 3109.52

**If I change my address or the ward's address, I shall immediately notify Probate Court in writing.**  
I acknowledge that I am subject to removal as such fiduciary if I fail to perform such duties. I also acknowledge that I am subject to possible penalties for improper conversion on the property which I hold as such fiduciary.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fiduciary



In the Court of Common Pleas  
Probate Division  
Trumbull County, Ohio

AUTHORIZATION

I, the undersigned, hereby authorize the Court Investigator of the Trumbull County Probate Court to perform a police background check with any local, state or federal police department or agency as part of my application to be appointed guardian of

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
**For Investigator's Use Only:**

**Verification:**

\_\_\_\_\_  
Source

\_\_\_\_\_  
Date

**Findings:**

\_\_\_\_\_

**PROBATE COURT OF TRUMBULL COUNTY, OHIO**  
**JAMES A. FREDERICKA, JUDGE**

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_, A MINOR

CASE NO. \_\_\_\_\_

**SELECTION OF GUARDIAN BY MINOR**  
**OVER FOURTEEN YEARS OF AGE**  
(R.C. 2111.12)

The undersigned hereby selects \_\_\_\_\_

a resident of \_\_\_\_\_ County, Ohio, as Guardian of the (person and estate), and

respectfully asked the Court to appoint \_\_\_\_\_ Guardian.

Signature

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

**PROBATE COURT OF TRUMBULL COUNTY, OHIO**  
**JAMES A. FREDERICKA, JUDGE**

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

**CASE NO.** \_\_\_\_\_

**GUARDIAN'S BOND**

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

Amount of this Bond \$ \_\_\_\_\_

The undersigned principal, and sureties if any, are obligated to the State of Ohio in the above among, for payment of which we bind ourselves and our successors, heirs, executors, and administrators, jointly and severally.

The principal has accepted in writing the duties of fiduciary in ward's estate, including those imposed by law and such additional duties as may be required by the Court.

This obligation is void if the principal performs such duties as required.

This obligation remains in force if the principal fails to perform such duties, or performs them tardily, negligently, or improperly, or if the principal misuses or misappropriates estate assets or improperly converts them to his own use or the use of another.

[check if personal sureties are involved.]      the sureties certify that each of them owns real estate in this county, with a reasonable net value as stated below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Surety

By \_\_\_\_\_  
Attorney in Fact

By \_\_\_\_\_  
Attorney in Fact

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Net value of real estate owned in this county

\_\_\_\_\_  
Net value of real estate owned in this county

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**PROBATE COURT OF TRUMBULL COUNTY, OHIO**

**JAMES A. FREDERICKA, JUDGE**

**IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_**  
**CASE NO. \_\_\_\_\_**

**APPLICANT QUESTIONNAIRE**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation/Employment: \_\_\_\_\_

1. What is your relationship to the individual? \_\_\_\_\_
2. Are you a service provider to the individual? Yes \_\_\_\_ No \_\_\_\_ If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_
3. How long have you known the individual? \_\_\_\_\_  
Describe the relationship with the individual, including how long you have known him/her,  
how often you meet, and activities when you meet. \_\_\_\_\_  
\_\_\_\_\_
4. Did anyone recommend that a guardianship application be filed? Yes \_\_\_\_ No \_\_\_\_  
If Yes, who recommended and why? \_\_\_\_\_  
\_\_\_\_\_
5. What do you believe are the behaviors that make the appointment of a guardian necessary?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What solutions to these problems have been tried before filing for guardianship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Why do you want to become guardian of the individual? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Are you in sufficiently good health and with sufficient energy to meet guardianship  
duties? Yes \_\_\_\_ No \_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

9. 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 \_\_\_\_\_ Explain:

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---

10. In general, what is your plan for overseeing the care of the individual? \_\_\_\_\_

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- a. Do you have sufficient time to fulfill guardianship duties? Yes \_\_\_\_\_ No \_\_\_\_\_

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---

- b. Are you familiar with her/his medical problems and medications? Yes \_\_\_\_\_ No \_\_\_\_\_

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- c. List the names of any community service providers and the nature of the services they provide. (APS, VNA, Senior Services, etc.) \_\_\_\_\_

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- d. Where will the individual live? \_\_\_\_\_

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- e. Is this an adequate setting? \_\_\_\_\_

- f. Does this setting meet the needs of the individual? 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? Explain:

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

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- k. If individual will be living with you, what arrangements can you make to take time off from these responsibilities/care? \_\_\_\_\_

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**11. Mental Status Observation Checklist:** Record your observational impressions on a scale of 1 for significant impairment to 5 for average/normal functioning. Comment where helpful. (Circle ratings)

	Comments
a) Orientation (Person, Place and Time)	_____
b) Speech -----	_____
c) Motor Behavior -----	_____
d) Thought Process -----	_____
e) Affect -----	_____
f) Memory-----	_____
g) Concentration & Comprehension---	_____
h) Judgment -----	_____

11. Is the individual aware of the plans for guardianship as outlined in the above information, and is he/she in agreement? Yes\_\_\_\_ No \_\_\_\_ Explain:\_\_\_\_\_

\_\_\_\_\_

13. Do you currently have a power of attorney for the individual? Yes \_\_\_\_No \_\_\_\_  
If yes, describe:\_\_\_\_\_

14. Do you now or have you ever assisted the individual with his/her finances? Explain  
\_\_\_\_\_

15. Have you been charged with or convicted of a crime? Yes\_\_\_\_ No\_\_\_\_

16. Is the individual a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Have you ever filed for bankruptcy? Yes\_\_\_\_ No\_\_\_\_  
If Yes, explain:\_\_\_\_\_

\_\_\_\_\_

Remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Completed By

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name



## **COURT ORDERED BACKGROUND CHECKS**

### **TRUMBULL COUNTY SHERIFF'S OFFICE**

**150 High St.**

**Warren, Ohio 44483**

**BCI \$35.00**

**FBI \$35.00**

Background checks for Trumbull County Probate Court are performed Tuesday-Friday from 9am-11:45am. You do not need an appointment. You must bring your COMPLETED consent form from the Probate Court, your driver's license and the fee in cash or money order only. Please see the fee schedule below.

Name change – BCI only - \$35.00

Guardianships – BCI only - \$35.00

Adoptions – BCI & FBI - \$70.00

IN THE MATTER OF: ) CASE NO.  
 )  
 )

I, the undersigned, hereby authorize the Trumbull County Sheriff's Department to perform a criminal background check using the WEBCHECK system, to have the results sent directly to the Trumbull County Probate Court to become a permanent part of the Court's file.

Telephone Number	Date of Birth
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**PROBATE COURT OF TRUMBULL COUNTY, OHIO**  
**JAMES A. FREDERICKA, JUDGE**

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

CASE NO. \_\_\_\_\_

**Confidential Disclosure of Personal Identifiers**

(Rule 45(D) of the Rules of Superintendence for the Courts of Ohio)

	<u>Complete Personal Identifier</u>	<u>Identifier</u>	<u>Abbreviation</u>	<u>Form No.</u>	<u>Filing Date</u>
Ex.	<u>123-45-6789</u>	<u>Social Security No.</u>	<u>6789</u>	<u>22.3</u>	<u>07/01/2009</u>
Ex.	<u>000111234567</u>	<u>Copy of Bank Ch. Acct.</u>	<u>Copy of #1</u>	<u>6.3</u>	<u>07/01/2009</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

☐ Check if additional pages are attached.

\_\_\_\_\_  
Signature of Filing Party

\_\_\_\_\_  
Printed Name

....."F cvg"  
This is page \_\_\_\_ of \_\_\_\_ pages