

PROBATE COURT OF _____ COUNTY, OHIO

IN THE MATTER OF THE CONSERVATORSHIP OF _____

Case No. _____ Docket _____ Page _____

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 _____ 20

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 15.3)

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

Applicant's 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