PROBATE COURT OF ROSS COUNTY, OHIO

IN THE MATTER OF THE CONSERVATORSHIP OF_____

CASE NO._____

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(_____)_____

   ☐ Person and Estate ☐ Person Only ☐ Estate Only

2. The length (time period) of the conservatorship is:

   ☐ Indefinite ☐ Definite to_____

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 guardian 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 guardian 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.

_____
Attorney's Signature

_____
(Type or print Attorney's Name)

_____
(Street)

_____
(City, State, Zip Code)

(_____) _____
(Telephone Number – Include Area Code)

_____
Supreme Court Registration Number

_____
Date

_____
Applicant's Signature

_____
(Type or print Applicant's Name)

_____
(Street)

_____
(City, State, Zip Code)

(_____) _____
(Telephone Number – Include Area Code)