

**PROBATE COURT OF DELAWARE COUNTY, OHIO
DAVID A. HEJMANOWSKI, JUDGE**

IN THE CONSERVATORSHIP OF: _____
Case No: _____

**APPLICATION FOR APPOINTMENT OF CONSERVATOR
(RC 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 _____ 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:

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(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 conservator of the estate:

a. The estate to be placed under conservatorship is:

Personal Property \$ _____

Real Property \$ _____

Annual Rents \$ _____

Other Annual Income \$ _____

b. A bond in the amount of \$ _____ is attached.
(RC 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

(complete page 3)

Case No. _____

Type or print Attorney's Name

Street

City, State, Zip Code

Telephone Number—Include Area Code

Supreme Court Registration Number

Type of print Applicant's Name

Street

City, State, Zip Code

Telephone Number—Include Area Code