

CHECKLIST

GUARDIANSHIP OF INCOMPETENT ADULT

Initial Filing Fee:

Court Costs: \$225.00 *(of the Person and/or of the Estate)*

Requirements:

The alleged incompetent adult must be a current resident of Delaware County, Ohio.

Process:

Set a hearing approximately 5 weeks from the filing date.

Checklist:

- _____ **Application for Appointment of Guardian of Alleged Incompetent (Form 17.0)**
- _____ **Next of Kin of Proposed Ward (Form 15.0)**
- _____ **Statement of Expert Evaluation (Form 17.1)** *(Completed by a licensed physician or clinical psychologist within the last 3 months)*
- _____ **Fiduciary's Acceptance Guardian (Form 15.2)**
- _____ **Waiver of Notice and Consent (Form 15.1) from consenting next of kin**
 - *All parties listed on the Next of Kin of Proposed Ward (Form 15.0), who are Ohio residents, must either sign this Consent or, if their addresses are known, be served with notice.*
- _____ **Consent by Prospective Ward** *(If a result of physical, not mental, disability)*
- _____ **Guardian's Credibility Application (Local Form 66.10A)**
- _____ **Record Check Authorization, Waiver and Consent (DCPC Form 17.10)**
- _____ **Non-Public Record Social Security Information (DCPC Form 17.11)**
- _____ **Guardianship Service Information**
- _____ **Copy of Picture ID of the applicant**
- _____ **Copy of the proposed ward's birth certificate**
- _____ **Adult Jurisdiction Affidavit**
- _____ **Affidavit of Guardian Applicant (DCPC Form 66.05A)**

Note:

Ward (if able) and applicant shall attend scheduled hearing