

# PROBATE COURT OF MEDINA COUNTY, OHIO

IN THE MATTER OF THE EMERGENCY GUARDIANSHIP OF:

Case No. \_\_\_\_\_

## APPLICATION FOR APPOINTMENT OF EMERGENCY GUARDIAN

(This Application must be accompanied by a Statement of Expert Evaluation.)

Proposed Ward \_\_\_\_\_

Address \_\_\_\_\_

Present Location \_\_\_\_\_ How Long \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Applicant (Name, Relation, Address, Telephone Number):

Next of Kin (Name, Relation, Address, Telephone Number):

Nature of Emergency:

Mental Impairment of Basis of Incompetency:

\_\_\_\_\_  
Signature of Attorney for Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

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

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

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