

**PROBATE COURT OF MEDINA COUNTY, OHIO**  
**Judge Kevin W. Dunn**

**GUARDIANSHIP OF** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**ANNUAL PLAN FOR GUARDIANSHIP**

1. Do you plan to change the Primary Care Physician listed on the Guardian's Report?

Yes     No

If yes, please list the reason why:

New Physician Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

2. Is there a plan to change or add agencies/providers listed on the Guardian's Report involved with the ward's care?

Yes     No

If yes, please list the reason why:

Please provide the contact information of any new agencies:

3. Is there a plan to change the ward's placement?

Yes     No

If yes, why the change:

When will the change occur? \_\_\_\_\_

Placement facility name and location:

4. Please describe the ward's participation in the following activities:

Social/Recreational:

Employment:

Other:

If the ward is NOT involved in activities, please explain why:

5. Please describe how the ward's financial needs will be met in the coming year:

\_\_\_\_\_  
Attorney for Guardian

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

\_\_\_\_\_  
Address

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

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

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

\_\_\_\_\_  
Guardian's Signature

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

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Guardian's e-mail address, if available