PROBATE COURT OF STARK COUNTY, OHIO
CURT WERREN, JUDGE

IN THE MATTER OF THE CONSERVATORSHIP OF _____

CASE NO. _____

APPLICATION FOR APPOINTMENT OF CONSERVATOR

(R.C. 21 11.021)

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 (_____) _____

be and appointed conservator of my:

☐ Person and Estate ☐ Person Only ☐ Estate Only

2.

☐ 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:
☐ (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 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.

_____
Date

_____
Attorney's Signature

_____
Applicant's Signature

_____
(Type or Print Attorney's Name)

_____
(Type or Print Applicant's Name)

_____
(Street)

_____
(Street)

_____
(City, State, Zip Code)

_____
(City, State, Zip Code)

( )
_____
(Telephone Number - Include Area Code)

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_____
(Telephone Number - Include Area Code)

_____
Supreme Court Registration Number