

PROBATE COURT OF STARK COUNTY, OHIO
DIXIE PARK, 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)

() _____
(Telephone Number - Include Area Code)

Supreme Court Registration Number