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5. Guardian's contact with the ward:
- a. Approximate number of times the guardian had contact with the ward during the period covered by this report: _____
 - b. The nature of those contacts (phone, personal, or other): _____

 - c. Date the ward was last seen by the guardian: _____

6. Have you observed any **major** change in the ward's physical or mental condition during the period covered by this report? Yes No

If "yes" is checked, briefly describe the changes. _____

7. The care giver to the ward is Adequate Not Adequate
If "Not Adequate" is checked, explain. _____

8. The guardianship should be Continued Not Continued
If "Not Continued" is checked, explain. _____

9. During the period covered by this report, the ward has has not
been seen by a physician. If the ward has been seen, the last date was _____
and for the purpose of _____

Attached is a statement by a licensed physician, a licensed clinical psychologist, a licensed social worker, or a mental retardation team, that has evaluated or examined the ward within three months prior to the date of this report regarding the need for continuing the guardianship. [R.C. 2111.49(A)(1)(i)](Form 17.1)

If an attorney has been consulted on this report: _____ Date: _____

Attorney's Signature

Guardian's Signature

John S. Jones
(Type or print Attorney's Name)

G full name
(Type or print Guardian's Name)

1234 A Street
(Street)

1234 G Street
(Street)

Xenia, Ohio 56765
(City, State, Zip Code)

Dayton, Ohio 54321
(City, State, Zip Code)

(513) 456-0987
Telephone Number

A reg #1234
Sup. Ct. Regis. No.

(749) 987-9876
(Telephone Number--Include Area Code)

**(Knowingly giving false information on a Probate document is a criminal offense.)
[R.C. 2921.13(A)(11)]**

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