

ASHLAND COUNTY PROBATE COURT
Karen DeSanto Kellogg, Judge

In Re Guardianship of: _____ Case No. _____

INFORMATION REGARDING THE PROPOSED ADULT WARD
(to be filed with Application for Guardianship of an Adult only)

Name:			
Address:			
Birth Date:		SSN:	
Place of Employment (or retired from):			

If the ward is retired or receiving a pension, social security or public assistance, list the benefits and amounts received.
If an organization or person (other than yourself) is the payee of any of these benefits, specify the organization or person to whom each of such benefits are paid
If the proposed ward has given power of attorney to anyone, give the name and address of that person, together with the type of power given.

The applicant states that the answers set forth above are true and correct to the best of the knowledge and belief of the applicant, subject to the penalties for making a false affidavit or declaration.

Dated: _____

Applicant's Signature