

**PROPOSED AMENDMENTS TO THE RULES OF SUPERINTENDENCE  
FOR THE COURTS OF OHIO**

The following amendments to the Rules of Superintendence for the Courts of Ohio (Standard Probate Forms) were adopted by the Supreme Court of Ohio. The history of these amendments is as follows:

September 29, 2022	Initial publication for public comment
December 13, 2022	Final adoption by conference
January 1, 2023	Effective date of amendments

Key to Adopted Amendments:

1. Existing language appears in regular type. Example: text
2. Existing language to be deleted appears in strikethrough. Example: ~~text~~
3. New language to be added appears in underline. Example: text

1 **PROBATE COURT OF** **COUNTY, OHIO**

2  
3 **ESTATE OF** \_\_\_\_\_, **DECEASED**

4  
5 **CASE NO.** \_\_\_\_\_

6  
7 **APPLICATION TO DISBURSE ATTORNEY DECEDENT’S TRUST**  
8 **ACCOUNT(S)**

9  
10 Applicant, an Ohio-licensed attorney with a Supreme Court of Ohio Registration Number of  
11 \_\_\_\_\_ states that decedent died on \_\_\_\_\_. Decedent was an Ohio-  
12 licensed attorney with a Supreme Court of Ohio Registration Number of \_\_\_\_\_. As such,  
13 decedent kept at least one interest-bearing trust account to hold client funds in accordance with R.C.  
14 4705.09 and Prof.Cond.R. 1.15. At the time of decedent’s death, decedent had the following trust account(s)  
15 in the name of ~~the~~ decedent or decedent’s law practice identified as Exhibit A. Exhibit A is filed under seal  
16 to protect the account numbers from misuse, but Applicant shall be permitted to provide Exhibit A to the  
17 financial institution(s) named therein to accomplish the purpose of this order.

18  
19 Bank \_\_\_\_\_ Account Number \_\_\_\_\_ Name on Account \_\_\_\_\_  
20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_

25 Applicant requests that the trust account(s) named in Exhibit A be disbursed by the referenced financial  
26 institution(s) to the ~~applicant~~ Applicant for the purpose of distributing the contents in accordance with the  
27 Supreme Court Rules for the Government of the Bar of Ohio and the Ohio Rules of Professional Conduct.

28  
29 \_\_\_\_\_  
30 Applicant

31  
32 \_\_\_\_\_  
33 Typed or Printed Name

34  
35 \_\_\_\_\_  
36 Mailing Address

37  
38 \_\_\_\_\_  
39 \_\_\_\_\_  
40 ( ) \_\_\_\_\_  
41 Phone number

42  
43 \_\_\_\_\_  
44 Email Address

45 **Entry**

46  
47 The Court finds that disbursing the attorney decedent’s trust account(s) to the ~~estate~~ Applicant will facilitate  
48 the winding down of the attorney decedent’s business and therefore assist in the resolution of the attorney  
49 decedent’s estate. Pursuant to the Court’s plenary powers under R.C. 2101.24(C), the Court hereby orders  
50 that the bank account(s) referenced in Exhibit A be disbursed to the Applicant for the purpose of distributing  
51 the contents in accordance with the Supreme Court Rules for the Government of the Bar of Ohio and the  
52 Ohio Rules of Professional Conduct. Exhibit A is filed under seal to protect the account numbers from misuse.

53 but Applicant is permitted to provide Exhibit A to the financial institution(s) named therein. Applicant shall  
54 provide a copy of this Application/Entry to the Office of Disciplinary Counsel.

55  
56  
57  
58 \_\_\_\_\_  
59 Date

58 \_\_\_\_\_  
59 Probate Judge

60 **EXHIBIT A**

61  
62

63 <u>Bank</u>	63 <u>Account Number</u>	63 <u>Name on Account</u>
65 _____	65 _____	65 _____
67 _____	67 _____	67 _____
70 _____	70 _____	70 _____

71  
72  
73 **INSTRUCTIONS**

74  
75 Funds withdrawn from an attorney decedent's Interest on Lawyer's Trust Account (IOLTA)  
76 must be deposited into an IOLTA held at an eligible financial institution, registered with the  
77 Ohio Access to Justice Foundation (Foundation), and held in the name of Applicant or  
78 Applicant's law practice.

79 IOLTA funds remain the property of the attorney decedent's clients . Upon being deposited  
80 into an IOLTA in the control of Applicant, they must be properly identified and  
81 distributed. Under Board Adv. Op. 2008-3, if Applicant is unable to identify or locate the client  
82 owner of the funds, the funds should be reported and remitted to the Ohio Department of  
83 Commerce, Division of Unclaimed Funds using the nature of funds code TR88 and the  
84 appropriate forms: OUF-1A and OUF-2.

85 When opening a new IOLTA, the tax ID number to be associated with the account is: 31-  
86 1126612. IOLTAs must be opened at an eligible financial institution. A complete list of eligible  
87 financial institutions can be found at: [https://www.ohiojusticefoundation.org/lawyers/iolta-iota-](https://www.ohiojusticefoundation.org/lawyers/iolta-iota-financial-institutions/)  
88 [financial-institutions/](https://www.ohiojusticefoundation.org/lawyers/iolta-iota-financial-institutions/).

89 R.C. 4705.09 requires all IOLTAs to be "in the name of the attorney, firm, or association that  
90 established and is maintaining it and shall be identified as an IOLTA or an interest on lawyer's  
91 trust account. The name of the account may contain additional identifying features to  
92 distinguish it from other trust accounts established and maintained by the attorney, firm, or  
93 association."

94 An IOLTA established to manage an attorney decedent's client funds should be identified as  
95 an IOLTA and include the additional identifying words: "Custodian for attorney decedent's  
96 name." (e.g. Applicant IOLTA: Custodian for the Estate of Jones Law Firm).

97 For additional information on IOLTA/IOTA or Attorney Unclaimed Funds, please contact the  
98 Foundation at [ioltaquestions@ohiojusticefoundation.org](mailto:ioltaquestions@ohiojusticefoundation.org) or 614-715-8560.

99

1 PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

2  
3 \_\_\_\_\_, JUDGE

4  
5 IN RE: CHANGE OF NAME OF \_\_\_\_\_

6 (Present Name)

7 TO \_\_\_\_\_

8 (Name Requested Name)

9 CASE NO. \_\_\_\_\_

10  
11 APPLICATION FOR CHANGE OF NAME OF ADULT

12 [R.C. ~~2717.04~~ 2717.02 and 2717.03]

13  
14 The applicant states that the applicant Applicant is an adult and has been a bona fide resident of \_\_\_\_\_  
15 County, Ohio, for at least one year 60 days immediately prior to the filing of this application.

16  
17 The applicant Applicant requests a change of name from \_\_\_\_\_

18 First

19 Middle

20 Last

21 to \_\_\_\_\_

22 First

23 Middle

24 Last

25 for the following reason: \_\_\_\_\_

26  
27  
28  
29 The applicant states that the applicant will cause notice of the application to be published once in a newspaper of  
30 general circulation in this county at least thirty (30) days before the hearing on this application.

31  
32 The applicant states that the applicant

33  
34 1) \_\_\_\_\_  has  has not been convicted of, pleaded guilty to, or been adjudicated a delinquent child for identity  
35 ~~initials~~ fraud.

36  
37 2) \_\_\_\_\_  has a  has no duty to comply with R.C. 2950.04 or R.C. 2950.041 because the applicant was  
38 ~~initials~~ convicted of, pled guilty to, or was adjudicated a delinquent child for having committed a sexually oriented  
39 offense or a child-victim oriented offense.

40  
41 An affidavit in support of this Application is attached

42  
43  
44 \_\_\_\_\_  
45 Attorney for Applicant

46  
47 \_\_\_\_\_  
48 Applicant's Signature

49  
50 \_\_\_\_\_  
51 Typed or Printed Name

52  
53 \_\_\_\_\_  
54 Typed or Printed Name

55  
56 \_\_\_\_\_  
57 Address

58  
59 \_\_\_\_\_  
60 Address

61  
62 \_\_\_\_\_  
63 City State Zip

64  
65 \_\_\_\_\_  
66 City State Zip

67  
68 \_\_\_\_\_  
69 Telephone Number (include area code)

70  
71 \_\_\_\_\_  
72 Telephone Number (include area code)

73  
74 \_\_\_\_\_  
75 Email Address

76  
77 \_\_\_\_\_  
78 Email Address

79  
80 \_\_\_\_\_  
81 Attorney Registration No.

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

**JUDGMENT ENTRY SETTING HEARING AND ORDERING NOTICE**

62  
63  
64  
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72

The Court orders this application set for hearing on the \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_m. The applicant is ordered to cause notice of the application to be given by one publication in a newspaper of general circulation in this county at least thirty (30) days prior to the hearing date as required by law.

\_\_\_\_\_  
Probate Judge

By: \_\_\_\_\_  
Deputy Clerk

1 PROBATE COURT OF COUNTY, OHIO

2  
3 \_\_\_\_\_, JUDGE

4  
5 IN RE: CHANGE OF NAME OF \_\_\_\_\_

6 (Present Name)

7 TO \_\_\_\_\_

8 (Requested Name)

9 CASE NO. \_\_\_\_\_

10  
11 **AFFIDAVIT IN SUPPORT OF**  
12 **APPLICATION FOR CHANGE OF NAME OF ADULT**  
13 **[R.C. 2717.06]**

14 State of Ohio:

15 }  
16 } SS  
17 } SS.

18 County of \_\_\_\_\_

19 The undersigned, in support of the Applicant's Application for Change of Name of Adult, deposes, says, and verifies  
20 the following:

21  
22 Check all that apply:

- 23
- 24 1.  Applicant has been a bona fide resident of \_\_\_\_\_, County, Ohio, for at least  
25 sixty (60) days immediately prior to the filing of the Application;
- 26
- 27
- 28 2.  The Application is not made for the purpose of evading any creditors or other obligations;
- 29
- 30
- 31 3.  Applicant is not a debtor in any currently pending bankruptcy proceeding;
- 32
- 33
- 34 4.  Applicant has not been convicted of, pleaded guilty to, or been adjudicated a delinquent child for identity  
35 fraud;
- 36
- 37
- 38 5.  Applicant does not have a duty to comply with R.C. 2950.04 or R.C. 2950.041 because the Applicant was  
39 NOT convicted of, pleaded guilty to, or was adjudicated a delinquent child for having committed a sexually  
40 oriented offense or a child-victim-oriented offense;
- 41

42  
43 Any other information relevant to the Application \_\_\_\_\_

44  
45 \_\_\_\_\_  
46  
47 All documentary evidence submitted with the Application is true, accurate, and complete.

48  
49  
50 \_\_\_\_\_  
51 Applicant

52 Sworn to before me and subscribed in my presence the \_\_\_\_\_ day of \_\_\_\_\_

53  
54 \_\_\_\_\_  
55 Notary Public/Deputy Clerk

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PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, JUDGE

IN RE: CHANGE OF NAME OF \_\_\_\_\_  
(Present Name)

TO \_\_\_\_\_  
(Name Requested Name)

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

**JUDGMENT ENTRY - CHANGE OF NAME OF ADULT**  
[R.C. 2717.09]

On \_\_\_\_\_ an application for change of name was heard by this Court. ~~The Court finds that proper notice of the application and hearing date was given by one publication in a newspaper of general circulation in this county at least thirty days prior to the hearing on the application.~~ The Court further finds that Applicant has provided sufficient proof that the facts in the application show reasonable and proper cause exists for changing the name. Applicant's  
The Court finds that the applicant's complete name at birth was \_\_\_\_\_,  
applicant's date of birth was \_\_\_\_\_, and the place of birth was \_\_\_\_\_

\_\_\_\_\_  
City County State

Therefore, it is ORDERED the name of \_\_\_\_\_  
First Middle Last

be changed to \_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Probate Judge

**CERTIFICATION OF JUDGMENT ENTRY**

The above Judgment Entry - Change of Name of Adult is a true copy of the original kept by me as custodian of the records of this Court.

\_\_\_\_\_, Probate Judge/Clerk

(Seal)

By: \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Date

1 PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

2  
3 \_\_\_\_\_, JUDGE

4  
5 IN RE: CHANGE OF NAME OF \_\_\_\_\_

6 (Present Name)

7 TO \_\_\_\_\_

8 (Requested Name)

9 CASE NO. \_\_\_\_\_

10  
11 **AFFIDAVIT IN SUPPORT OF**  
12 **APPLICATION FOR CHANGE OF NAME OF MINOR**  
13 **[R.C. 2717.06]**

14  
15 State of Ohio: }

16 } SS

17 County of \_\_\_\_\_

18 } SS.

19 The undersigned, in support of the Applicant's Application for Change of Name of Minor, deposes, says, and verifies  
20 the following:

21  
22 Check all that apply:

- 23  
24  
25 1.  Applicant is the  parent  legal guardian  legal custodian  guardian ad litem of the  
26 minor;  
27  
28 2.  The minor has been a bona fide resident of \_\_\_\_\_, County, Ohio, for at least  
29 sixty (60) days immediately prior to the filing of the Application;  
30  
31 3.  The Application is not made for the purpose of evading any creditors or other obligations;  
32  
33 4.  The minor has not been adjudicated a delinquent child for identity fraud;  
34  
35 5.  The minor does not have a duty to comply with R.C. 2950.04 or R.C. 2950.041 because the minor was  
36 NOT adjudicated a delinquent child for having committed a sexually oriented offense or a  
37 child-victim-oriented offense;  
38  
39

40 Any other information relevant to the Application \_\_\_\_\_  
41 \_\_\_\_\_  
42 \_\_\_\_\_

43  
44 All documentary evidence submitted with the Application is true, accurate, and complete.

45  
46  
47 \_\_\_\_\_  
48 Applicant

49  
50 Sworn to before me and subscribed in my presence the \_\_\_\_\_ day of \_\_\_\_\_

51  
52 \_\_\_\_\_  
53 Notary Public/Deputy Clerk



1 PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
2  
3 \_\_\_\_\_, JUDGE  
4

5 IN RE: CHANGE OF NAME OF \_\_\_\_\_  
6 (Present Name)  
7 TO \_\_\_\_\_  
8 (Name Requested Name)  
9 CASE NO. \_\_\_\_\_  
10  
11

12 APPLICATION FOR CHANGE OF NAME OF MINOR  
13 [R.C. 2717.01]  
14

15 The applicant states that the applicant Applicant is the  parent Parent  legal guardian Legal Guardian  
16  Legal Custodian  guardian Guardian ad litem Litem of the minor and that the The minor has been  
17 a bona fide resident of \_\_\_\_\_ County, Ohio, this county for at least ~~one year~~ 60 days  
18 immediately prior to the filing of this application Application. Applicant requests a change of the name of  
19 the minor from \_\_\_\_\_  
20 First Middle Last  
21 to \_\_\_\_\_  
22 First Middle Last  
23

24 The reason for requesting this name change is: \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_  
27 \_\_\_\_\_  
28 \_\_\_\_\_  
29 \_\_\_\_\_  
30 \_\_\_\_\_  
31

32 A certified copy of the minor's birth certificate is attached.

33  ~~The applicant states that the~~ The name and address of Parent 1 of the minor is:

34  
35  
36  
37 Name \_\_\_\_\_  
38  
39 Address \_\_\_\_\_  
40  
41 City, State, Zip Code \_\_\_\_\_ Zip \_\_\_\_\_  
42

43  The Waiver of Notice of Hearing and Consent of Parent 1 accompanies this Application.

44  Applicant states that the address of Parent 1 is unknown. Applicant has exercised all due  
45 diligence and made every reasonable effort to find the current address but cannot locate this  
46 individual.  
47  
48  
49

50  ~~and the~~ The name and address of  Parent 2 or  the alleged father of the minor is:

51  
52 Name \_\_\_\_\_  
53

54  
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\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code Zip

- The Waiver of Notice of Hearing and Consent of Parent 2 or the alleged father accompanies this Application.
- Applicant states that the address of  Parent 1  Parent 2  or the alleged father is unknown ~~and cannot with~~ Applicant has exercised all due diligence and made every reasonable ~~diligence~~ effort to find the current address, but cannot locate this individual.
- There is no person alleged to be the father/Parent 2 of the minor.

The applicant states that the person for whom a change of name is being requested

1) \_\_\_\_\_  has  has not been convicted of, pleaded guilty to, or been adjudicated a  
Initials delinquent child for identity fraud.

2) \_\_\_\_\_  has a  has no duty to comply with R.C. 2950.04 or R.C. 2950.041 because the  
Initials applicant was convicted of, pled guilty to, or was adjudicated a delinquent child for having  
committed a sexually oriented offense or a child victim oriented offense.

The applicant requests a change of name of the minor from \_\_\_\_\_  
to \_\_\_\_\_  
for the following reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~The applicant states that the applicant will cause notice of the application to be published once in a newspaper of general circulation in this county at least thirty (30) days before the hearing on this application. In addition, notice will be given by the applicant to any non-consenting parent or alleged parent, whose addresses are known, by certified mail, return receipt requested.~~

An Affidavit in support of this Application is attached.

The Applicant will serve Notice of the Hearing on any nonconsenting parent or alleged father as the Court requires pursuant to R.C. 2717.14.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

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\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

Attorney Registration No. \_\_\_\_\_

**JOURNAL ENTRY SETTING HEARING AND ORDERING NOTICE**

The Court orders this application set for hearing on the \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_m. The applicant is ordered to cause notice of the  
application to be given by one publication in a newspaper of general circulation in this county at least thirty  
(30) days prior to the hearing date, as well as certified mail service, return receipt requested, if necessary,  
as required by law.

\_\_\_\_\_  
\_\_\_\_\_  
Probate Judge

By: \_\_\_\_\_  
\_\_\_\_\_  
Deputy Clerk

1 PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

2  
3 \_\_\_\_\_, JUDGE

4  
5 IN RE: CHANGE OF NAME OF \_\_\_\_\_

6 (Present Name)

7 TO \_\_\_\_\_

8 (Requested Name)

9 CASE NO. \_\_\_\_\_

10  
11 **JUDGMENT ENTRY SETTING HEARING AND**  
12 **ORDERING NOTICE**

13 **[R.C. 2717.08 and 2717.14]**

14  
15 The Court sets the Application for Change of Name in this case for hearing on \_\_\_\_\_, 20\_\_\_\_  
16 at \_\_\_\_\_ M.

17  
18 The Court orders the Applicant to serve a Notice of Hearing in the following manner on all necessary parties who  
19 have not waived notice:

20  
21  
22  By certified mail, return receipt requested

23  
24  By personal service

25  
26  By publication once in a newspaper of general circulation in this county at least 30 days before the hearing

27  
28  Other: \_\_\_\_\_

29  
30  
31  
32  
33  
34 Applicant shall file proof of service with the Court before the hearing.

35  
36  
37 \_\_\_\_\_  
38 Date

\_\_\_\_\_  
Probate Judge

1 PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
 2  
 3 \_\_\_\_\_, JUDGE

4 IN RE: CHANGE OF NAME OF \_\_\_\_\_  
 5 (Present Name)  
 6 TO \_\_\_\_\_  
 7 (Name Requested Name)  
 8 CASE NO. \_\_\_\_\_  
 9  
 10

11 JUDGMENT ENTRY — ~~CHANGE OF~~  
 12 CHANGING NAME OF MINOR  
 13 [R.C. 2717.09]  
 14

15 On \_\_\_\_\_, an ~~application~~ Application for ~~change~~ Change of name Name of Minor was heard by this  
 16 Court. The Court finds that ~~proper all parties entitled to notice of the application and hearing date was given by one~~  
 17 ~~publication in a newspaper of general circulation in this county at least thirty days prior to the hearing on the application~~  
 18 ~~and proper notice was given to the, i.e., legal parents, known parent, father, or alleged parent father, as required by law~~  
 19 ~~either have waived notice of hearing and consented to the Application or were properly served and failed to object to the~~  
 20 ~~Application. The Court further finds that reasonable and Applicant has provided sufficient proof that the facts in the~~  
 21 ~~Application show reasonable and proper cause exists for changing the minor's name and the name change is in the best~~  
 22 ~~interest of the minor as requested.~~  
 23

24 The Court finds the minor's complete name at birth was \_\_\_\_\_, ~~the~~  
 25 ~~The~~ minor's date of birth was \_\_\_\_\_, and the place of birth was \_\_\_\_\_  
 26 \_\_\_\_\_  
 27 City County State  
 28

29 Therefore, it is **ORDERED** the name of \_\_\_\_\_  
 30 First Middle Last  
 31 be changed to \_\_\_\_\_  
 32 First Middle Last  
 33  
 34  
 35

36 \_\_\_\_\_  
 37 Date Probate Judge  
 38  
 39

40 **CERTIFICATION OF JUDGMENT ENTRY**

41  
 42 The above Judgment Entry — ~~Change of~~ Changing Name of Minor is a true copy of the original kept by me as custodian  
 43 of the records of this Court.

44 \_\_\_\_\_, Probate Judge/Clerk  
 45  
 46 (Seal) By: \_\_\_\_\_  
 47 Deputy Clerk  
 48 \_\_\_\_\_  
 49 Date  
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PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, JUDGE

IN RE: CHANGE OF NAME OF \_\_\_\_\_  
(Present Name)

TO \_\_\_\_\_  
(Name Requested Name)

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

**CONSENT TO CHANGE OF NAME**

**[R.C. 2717.14]**

The undersigned \_\_\_\_\_

**[check one of the following 2 capacities by which your consent is given]**

- Parent
- Alleged Father

hereby waives notice of the hearing on the Application for Change of Name and consents to the change of

name of \_\_\_\_\_

to \_\_\_\_\_

as proposed in the Application.

\_\_\_\_\_

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk/Notary Public







1 PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

2  
3 \_\_\_\_\_, JUDGE

4  
5 IN RE: CHANGE OF NAME OF \_\_\_\_\_

6 (Present Name)

7 TO \_\_\_\_\_

8 (Requested Name)

9 CASE NO. \_\_\_\_\_

10  
11  
12 **APPLICATION TO WAIVE PUBLICATION AND SEAL FILE**

13 **[R.C. 2717.11]**

14  
15  
16 Now comes \_\_\_\_\_, pursuant to R.C. 2717.11, hereby requests this  
17 Court to waive the publication and order the file in the above-captioned matter be sealed. The open  
18 records of the name change or publication of the hearing notice will jeopardize the applicant's personal  
19 safety for the following reason:

20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_

24  Exhibits attached in support of application.

25  
26  
27  
28 \_\_\_\_\_  
29 Attorney for Applicant

\_\_\_\_\_ Applicant's Signature

30  
31  
32  
33 **JUDGMENT ENTRY WAIVING PUBLICATION AND SEALING FILE**

34  
35 It is hereby ORDERED that the publication for the Application for Change of Name is waived, and the file  
36 in the above-captioned matter be and hereby is sealed pursuant to R.C.2717.11. The record of these  
37 proceedings shall be opened only by Order of the Court for good cause shown or at the request of the  
38 applicant for any reason.

39  
40 \_\_\_\_\_  
41 Probate Judge

1 **PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO**

2  
3 **\_\_\_\_\_, JUDGE**

4  
5 **IN RE: THE NAME OF \_\_\_\_\_**

6 **(Present Name)**

7 **TO \_\_\_\_\_**

8 **(Requested Conformed Legal Name)**

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

10  
11  
12 **APPLICATION TO WAIVE PUBLICATION AND SEAL FILE**

13 **[R.C. 2717.11]**

14  
15  
16 Now comes \_\_\_\_\_, pursuant to R.C. 2717.11, hereby requests this  
17 Court to waive the publication and order the file in the above-captioned matter be sealed. The open  
18 records of the name conformity or publication of the hearing notice will jeopardize the applicant's personal  
19 safety for the following reason:

20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_

24  
25  Exhibits attached in support of application.

26  
27  
28  
29 \_\_\_\_\_  
30 Attorney for Applicant

31 \_\_\_\_\_  
32 Applicant's Signature

33  
34 **JUDGMENT ENTRY WAIVING PUBLICATION AND SEALING FILE**

35  
36  
37 It is hereby ORDERED that the publication for the Application to Conform Legal Name is waived, and the  
38 file in the above-captioned matter be and hereby is sealed pursuant to R.C.2717.11. The record of these  
39 proceedings shall be opened only by Order of the Court for good cause shown or at the request of the  
40 Applicant for any reason.

41  
42 \_\_\_\_\_  
43 Probate Judge

1 PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

2  
3 \_\_\_\_\_, JUDGE

4  
5 IN RE: CHANGE OF NAME OF \_\_\_\_\_

6 (Present Legal Name)

7 TO \_\_\_\_\_

8 (Requested Conformed Legal Name)

9 CASE NO. \_\_\_\_\_

10  
11 **AFFIDAVIT IN SUPPORT OF APPLICATION**  
12 **TO CONFORM LEGAL NAME OF ADULT**

13 **[R.C. 2717.06]**

14  
15 State of Ohio:

16 }

17 } SS

18  
19 County of \_\_\_\_\_

20 } SS

21 The undersigned, in support of the Application to Conform Legal Name of Adult, deposes, says, and  
22 verifies the following:

- 23 1.  Applicant has been a bona fide resident of this county for a period of at least 60 days;
- 24
- 25
- 26 2.  The Application is not being made for the purpose of evading any creditors or other obligations;
- 27
- 28
- 29 3.  Applicant is not a debtor in any currently pending bankruptcy proceeding;
- 30
- 31
- 32 4.  All documentary evidence submitted with the Application is true, accurate, and complete.
- 33
- 34

35 The Applicant certifies under penalty of perjury that the statements in this Affidavit are accurate and  
36 complete.

37  
38 \_\_\_\_\_  
39 Date

40 \_\_\_\_\_  
41 Applicant

42 Sworn to before me and subscribed in my presence the \_\_\_\_\_ day of \_\_\_\_\_

43  
44 \_\_\_\_\_  
45 Notary Public/Deputy Clerk

46  
47 \_\_\_\_\_  
48 Typed or Printed Name

49  
50 \_\_\_\_\_  
Commission Expiration Date

1 PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

2  
3 \_\_\_\_\_, JUDGE

4  
5 **IN RE: THE NAME OF** \_\_\_\_\_

6 (Present Name)

7 **TO** \_\_\_\_\_

8 (Requested Conformed Legal Name)

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

10  
11 **APPLICATION TO CONFORM LEGAL NAME OF ADULT**

12 **[R.C. 2717.04 AND 2717.05]**

13  
14 Applicant is an adult and has been a bona fide resident of this county for at least 60 days immediately before filing this Application.

15  
16 Applicant states that a misspelling, inconsistency, or other error of Applicant's legal name exists on one or more of his or her  
17 official identity documents, which causes a discrepancy in Applicant's chain of identity. This Application provides the necessary  
18 information to explain the misspelling, inconsistency, or other error and the corrections needed to conform Applicant's legal  
19 name on all official identity documents.

20  
21 Applicant's Information:

22  
23 Present name: \_\_\_\_\_

24  
25 Address: \_\_\_\_\_

26  
27 Marital Status:  Never married  Married  Widowed  Divorced  Separated

28  
29 Name at birth: \_\_\_\_\_

30  
31 Date of birth: \_\_\_\_\_

32  
33 State where birth record was issued: \_\_\_\_\_

34  
35 The following official identify documents(s) contain a misspelling, inconsistent, or other error: [Check all that apply]

36  
37  Driver's License

Marriage Record

38  
39  Divorce Decree

State-issued Identification Card

40  
41  Passport

Social Security Card

42  
43  Other \_\_\_\_\_

44  
45 The misspelling, inconsistency, or other error on the official identity document(s) marked above is described below:

46  
47 Official identity document: \_\_\_\_\_

48  
49 Name that needs conformed on this document: \_\_\_\_\_

50  
51 Conformed legal name that should be stated on this document: \_\_\_\_\_

52  
53 Official identity document: \_\_\_\_\_

54  
55 Name that needs conformed on this document: \_\_\_\_\_

56  
57 Conformed legal name that should be stated on this document: \_\_\_\_\_

58  
59  
60 Requested conformed legal name: \_\_\_\_\_

61 First

Middle

Last

62  Check this box if more than two official identity documents are affected and attach the information on a separate page.

63  
64 Applicant is one and the same person referenced in each of the official identity documents, despite the name discrepancy. But  
65 for the misspelling, inconsistency, or other error identified above, there would not be any discrepancy in Applicant's chain of  
66 identity.

67  
68 An Affidavit in support of this Application is attached.

69  
70 All of the documentary evidence required by Local Rule or court order also accompanies this Application.

71  
72 Applicant requests the Court to issue an order conforming Applicant's legal name in the manner described in this Application.  
73 Applicant acknowledges this application will not be used to correct the birth record.

74  
75  
76 \_\_\_\_\_  
77 Attorney for Applicant

76 \_\_\_\_\_  
77 Applicant's Signature

78  
79 \_\_\_\_\_  
80 Typed or Printed Name

78  
79 \_\_\_\_\_  
80 Typed or Printed Name

81  
82 \_\_\_\_\_  
83 Address

81  
82 \_\_\_\_\_  
83 Address

84  
85 \_\_\_\_\_  
86 City                      State                      Zip

84  
85 \_\_\_\_\_  
86 City                      State                      Zip

87  
88 \_\_\_\_\_  
89 Telephone Number (include area code)

87  
88 \_\_\_\_\_  
89 Telephone Number (include area code)

90  
91 \_\_\_\_\_  
92 Email Address

90  
91 \_\_\_\_\_  
92 Email Address

93  
94  
95 Attorney Registration No. \_\_\_\_\_

1                                **PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO**  
2  
3                                                                **\_\_\_\_\_ , JUDGE**  
4

5 **IN RE: THE NAME OF** \_\_\_\_\_  
6                                                                                        **(Present Name)**  
7 **TO** \_\_\_\_\_  
8                                                                                        **(Requested Conformed Legal Name)**  
9 **CASE NO.** \_\_\_\_\_

10  
11                                **JUDGMENT ENTRY CONFIRMING LEGAL NAME OF ADULT**  
12                                                                **[R.C. 2717.10]**  
13

14 This matter came before the Court for hearing on \_\_\_\_\_, on an Application to Conform Legal Name of Adult. The  
15 Court finds there is sufficient proof that a misspelling, inconsistency, or other error of the Applicant's legal name exists on the  
16 official identity document indicated below, and that reasonable and proper cause exists for issuing this order to resolve the  
17 discrepancy and to conform the Applicant's legal name.  
18

19 Official identify document that requires conformity of misspelling, inconsistency, or other error:

- 20  
21     Driver's License                                                 Marriage Record  
22     Divorce Decree                                                 State-issued Identification Card  
23     Passport                                                                         Social Security Card  
24  
25     Other \_\_\_\_\_  
26  
27

28  
29 Name that needs conformed on document(s): \_\_\_\_\_

30  
31 Conformed legal name to be stated on the document(s): \_\_\_\_\_  
32                                                                                        First                                                Middle                                                Last  
33

34 The Court finds that, despite the name discrepancy, this official identity document identifies one and the same person. Therefore,  
35 the Court orders that Applicant's name on this official identity document is deemed conformed as stated above to be consistent  
36 with Applicant's other official identity document(s).  
37

38 The Court further Orders that Applicant's conformed legal name is: \_\_\_\_\_  
39                                                                                        First                                                Middle                                                Last  
40

41 This Order shall not be used to correct the birth record.  
42  
43

44                                                                **CERTIFICATION OF JUDGMENT ENTRY**  
45

46 The above Judgment Entry Confirming Legal Name of Adult is a true copy of the original kept by me as custodian of the records  
47 of this Court.

48                                                                                        \_\_\_\_\_, Probate Judge  
49  
50    **(Seal)**                                                                        By: \_\_\_\_\_  
51                                                                                                                                        Deputy Clerk  
52                                                                                                                                        \_\_\_\_\_  
53                                                                                                                                        Date  
54  
55  
56

1 PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

2  
3 \_\_\_\_\_, JUDGE

4  
5 IN RE: THE NAME OF \_\_\_\_\_

6 (Present Name)

7 TO \_\_\_\_\_

8 (Requested Conformed Legal Name)

9 CASE NO. \_\_\_\_\_

10  
11 **AFFIDAVIT IN SUPPORT OF APPLICATION**  
12 **TO CONFORM LEGAL NAME OF MINOR**

13 **[R.C. 2717.06]**

14 State of Ohio:

15 }

16 } SS

17 County of \_\_\_\_\_

18 } SS.

19 The undersigned, in support of the Application to Conform Legal Name of Minor, deposes, says, and verifies the  
20 following.

21  
22 Check all that apply:

- 23  
24  
25 1.  Applicant has personal knowledge of the facts stated in this Affidavit;
- 26  
27  
28 2.  The minor has been a bona fide legal resident of this county for a period of at least 60 days;
- 29  
30  
31 3.  The Application is not being made for the purpose of evading any creditors or other obligations;
- 32  
33  
34 4.  The minor is not a debtor in any currently pending bankruptcy proceeding;
- 35  
36  
37 5.  All documentary evidence submitted with the Application is true, accurate, and complete.

38  
39  
40 The Applicant certifies under penalty of perjury that the statements in this Affidavit are accurate and complete.

41  
42 \_\_\_\_\_  
43 Date

44 \_\_\_\_\_  
45 Applicant

46 Sworn to before me and subscribed in my presence the \_\_\_\_\_ day of \_\_\_\_\_

47  
48 \_\_\_\_\_  
49 Notary Public/Deputy Clerk

50  
51 \_\_\_\_\_  
52 Typed or Printed Name

53  
54 \_\_\_\_\_  
55 Commission Expiration Date

1 **PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO**

2  
3 \_\_\_\_\_, **JUDGE**

4  
5 **IN RE: THE NAME OF** \_\_\_\_\_

6 (Present Name)

7 **TO** \_\_\_\_\_

8 (Requested Conformed Legal Name)

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

10  
11 **APPLICATION TO CONFORM LEGAL NAME OF MINOR**

12 **[R.C. 2717.04, 2717.05, and 2717.13]**

13  
14 Applicant states that a misspelling, inconsistency, or other error of the above-named minor's legal name exists on one or more  
15 of his or her official identity documents. This Application provides the necessary information to explain the misspelling,  
16 inconsistency, or other error and the corrections needed to conform the minor's legal name on all official identity documents.

17  
18 The minor has been a bona fide resident of this county for at least 60 days immediately before filing this Application.

19  
20 Minor's Information:

21 Present name: \_\_\_\_\_

22 Address: \_\_\_\_\_

23 Name at birth: \_\_\_\_\_

24 Date of birth: \_\_\_\_\_

25 State where birth record was issued: \_\_\_\_\_

26  
27 Applicant's relationship to the minor is:

28  Parent  Legal Guardian  Legal Custodian  Guardian ad Litem

29  
30 The name and address of Parent 1 of the minor is:

31  
32 \_\_\_\_\_  
33 Name

34  
35 \_\_\_\_\_  
36 Address

37  
38 \_\_\_\_\_  
39 City, State, Zip Code

40  
41  The Waiver of Notice of Hearing and Consent of Parent 1 accompanies this Application.

42  
43  Applicant states that the address of Parent 1 is unknown. Applicant has exercised all due diligence and made every  
44 reasonable effort to find the current address but cannot locate this individual.

45  
46 The name and address of  Parent 2 or  the alleged father of the minor is:



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

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

- The Waiver of Notice of Hearing and Consent of Parent 2 or the alleged father accompanies this Application.
- Applicant states that the address of Parent 2 or the alleged father is unknown. Applicant has exercised all due diligence and made every reasonable effort to find the current address but cannot locate this individual.
- There is no person alleged to be the father of the minor.

The following official identify documents(s) contain a misspelling, inconsistency, or other error: [Check all that apply]

- Social Security Card
- Driver's License
- Passport
- State-issued Identification Card
- Other \_\_\_\_\_

The misspelling, inconsistency, or other error on the official identity document(s) marked above is described below:

Official identity document: \_\_\_\_\_

Name that needs conformed on this document: \_\_\_\_\_

Conformed legal name that should be stated on this document: \_\_\_\_\_

Official identity document: \_\_\_\_\_

Name that needs conformed on this document: \_\_\_\_\_

Conformed legal name that should be stated on this document: \_\_\_\_\_

Requested conformed legal name: \_\_\_\_\_  
First Middle Last

Check this box if more than two official identity documents are affected and attach the information on a separate page.

The minor is one and the same person referenced in each of the official identity documents, despite the name discrepancy. But for the misspelling, inconsistency, or other error identified above, there would not be any discrepancy in the minor's chain of identity.

An Affidavit in support of this Application is attached.

All of the documentary evidence required by Local Rule or court order also accompanies this Application.

The Applicant will serve Notice of the Hearing on any nonconsenting parent or alleged father as the Court requires pursuant to R.C. 2717.14.

Applicant requests the Court to issue an order conforming the minor's legal name in the manner described in this Application so the minor's legal name and chain of identity are consistent on all of his or her official identity documents.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant's Signature

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

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\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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City                      State                      Zip

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

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Attorney Registration No.

Effective Date: \_\_\_\_\_

1 **PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO**

2  
3 **\_\_\_\_\_, JUDGE**

4  
5 **IN RE: THE NAME OF \_\_\_\_\_**

6 **(Present Name)**

7 **TO \_\_\_\_\_**

8 **(Requested Conformed Legal Name)**

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

10  
11 **JUDGMENT ENTRY CONFIRMING LEGAL NAME OF MINOR**

12 **[R.C. 2717.10]**

13  
14 This matter came before the Court for consideration of an Application to Conform Legal Name of Minor. Upon review of all the  
15 evidence presented, the Court finds there is sufficient proof that a misspelling, inconsistency, or other error of the minor's legal  
16 name exists on the official identity document indicated below, and that reasonable and proper cause exists for issuing this order  
17 to resolve the discrepancy and to conform the minor's legal name.

18  
19 Official identity document(s) that requires conformity of misspelling, inconsistency, or other error:

20  
21  Social Security Card

Driver's License

22  
23  Passport

State-issued Identification Card

24  
25  Other \_\_\_\_\_

26  
27 Name that needs conformed on document(s): \_\_\_\_\_

28  
29 Conformed legal name that should be stated on the document(s): \_\_\_\_\_

30 First

Middle

Last

31  
32 The Court finds that, despite the name discrepancy, this official identity document identifies one and the same person as the  
33 other official identity documents. Therefore, the Court orders that minor's name on this official identity document is conformed  
34 as stated above to be consistent with minor's other official identity document(s).

35  
36 The Court further orders that minor's conformed legal name is: \_\_\_\_\_

37 First

Middle

Last

38  
39 It is so ordered.

40  
41 \_\_\_\_\_  
42 Date

43 \_\_\_\_\_, Probate Judge

44  
45  
46 **CERTIFICATION OF JUDGMENT ENTRY**

47  
48 The above Judgment Entry Confirming Legal Name of Minor is a true copy of the original kept by me as custodian of the records  
49 of this Court.

50 \_\_\_\_\_, Probate Judge

51  
52 **(Seal)**

53 By: \_\_\_\_\_

Deputy Clerk

54  
55 \_\_\_\_\_  
56 Date

1 PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

2  
3 \_\_\_\_\_, JUDGE

4  
5 IN RE: THE NAME OF \_\_\_\_\_

6 (Present Name)

7 TO \_\_\_\_\_

8 (Requested Conformed Legal Name)

9 CASE NO. \_\_\_\_\_

10  
11 **JUDGMENT ENTRY SETTING HEARING AND**  
12 **ORDERING NOTICE**  
13 **[R.C. 2717.08 and 2717.14]**

14  
15 The Court sets the Application for Change of Name in this case for hearing on \_\_\_\_\_, 20\_\_\_\_  
16 at \_\_\_\_\_ M.

17  
18 The Court orders the Applicant to serve a Notice of Hearing in the following manner on all necessary parties who  
19 have not waived notice:

20  
21  
22  By certified mail, return receipt requested

23  
24  By personal service

25  
26  By publication once in a newspaper of general circulation in this county at least 30 days before the hearing

27  
28  Other: \_\_\_\_\_

29  
30  
31  
32  
33  
34 Applicant must file proof of service with the Court before the hearing.

35  
36  
37 \_\_\_\_\_  
38 Date

39 \_\_\_\_\_, Probate Judge  
40  
41  
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51

1 PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
2  
3 \_\_\_\_\_, JUDGE

4  
5 IN RE: THE NAME OF \_\_\_\_\_  
6 (Present Name)  
7 TO \_\_\_\_\_  
8 (Requested Conformed Legal Name)  
9 CASE NO. \_\_\_\_\_

10  
11  
12 NOTICE OF HEARING ON CONFORMING LEGAL NAME  
13 [R.C. 2717.08 and 2717.14]  
14

15  
16 Applicant gives notice that the Applicant has filed an Application to Conform Legal Name in this Court requesting  
17 the Court resolve discrepancies in the legal name of \_\_\_\_\_  
18 \_\_\_\_\_ First Middle Last  
19 in one or more official identity documents.

20  
21  
22 A hearing on the Application will be held on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ M. in the Probate Court  
23 of \_\_\_\_\_, County, Ohio located at \_\_\_\_\_.

24  
25  
26  
27 Applicant's Signature

28  
29  
30 Typed or Printed Name

31  
32  
33 Address

34  
35  
36 City State Zip

37  
38  
39 Email Address

40  
41  
42  
43  
44 Note to Publisher: The above legal notice including the caption is to be published once in its entirety. Costs are to  
45 be paid by applicant and an Affidavit of Publication is to be furnished to applicant.

1 **PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO**

2  
3 **\_\_\_\_\_, JUDGE**

4  
5 **IN RE: THE NAME OF \_\_\_\_\_**

6 (Present Name)

7 **TO \_\_\_\_\_**

8 (Requested Conformed Legal Name)

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

10  
11  
12 **CONSENT TO NAME CONFORMITY**

13 **[R.C. 2717.14]**

14  
15 The undersigned \_\_\_\_\_

16  
17 **[check one of the following 2 capacities by which your consent is given]**

18  
19  Parent

20  Alleged Father

21  
22 hereby waives notice of the hearing on the Application to Conform Legal Name and consents to  
23 the conformed legal name of: \_\_\_\_\_

24  
25 to \_\_\_\_\_

26  
27 as proposed in the Application.

28 \_\_\_\_\_  
29  
30  
31 Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

32  
33 \_\_\_\_\_  
34 Deputy Clerk/Notary Public  
35

1                                   **RELEASE FOR CRIMINAL BACKGROUND CHECK**

2

3

4   I understand that, as a result of making an application to change or conform my name, I am hereby  
5 authorizing and requesting the Probate Court, its agents, and its authorized employees, to make  
6 any and all examinations of my criminal record, and I hereby release any police or law-  
7 enforcement agency, and all individuals connected therewith, from all liability in providing such  
8 information.

9

10 DATED \_\_\_\_\_

11 \_\_\_\_\_  
12 Printed Name

13

14 \_\_\_\_\_

15 Signature

16

17 \_\_\_\_\_

18 Social Security Number

1                   **PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO**

2  
3 **IN THE MATTER OF \_\_\_\_\_**

4  
5 **CASE NO. \_\_\_\_\_**

6  
7                   **APPLICATION TO SETTLE A MINOR'S CLAIM**

8                   [R.C. 2111.05, R.C. 2111.18, Sup. R. 67 AND 68]

9  
10 [Check applicable boxes, complete applicable blanks, strike inapplicable language, and attach supporting  
11 documentation.]

12  
13 The applicant states that:

14  
15 \_\_\_\_\_, is an unemancipated minor, born \_\_\_\_\_,  
16 \_\_\_\_\_, residing at \_\_\_\_\_ in this county who on or  
17 about \_\_\_\_\_, \_\_\_\_\_, suffered personal injury (and damage to this minor's  
18 property) by wrongful act, neglect, or default that entitles this minor to maintain an action to recover  
19 damages. A copy of the birth certificate is attached.

20  
21 Attached is a narrative statement in support of the proffered settlement setting forth a description of the  
22 occurrence, the injury or damage, the treatment progress and current prognosis by the treating  
23 physicians, and other proposed or actual settlements resulting from the same occurrence being paid to  
24 persons other than this minor. Counsel will advise at the hearing as to liability and collectability.

25  
26  There is no legal guardian of the estate, and the Court may authorize the settlement without the  
27 appointment of a guardian.

28  
29  \_\_\_\_\_ is the legal guardian of the estate. Case No. \_\_\_\_\_

30  
31  \_\_\_\_\_ is (are) the parent\_\_ and natural guardian\_\_.

32  
33  \_\_\_\_\_ is the person by whom the minor is maintained.

34  
35  There is a (full) (partial) settlement offer of \$ \_\_\_\_\_ without suit being filed.

36  
37  There is a (full) (partial) settlement offer of \$ \_\_\_\_\_ after suit was filed; the  
38 style of the case, court, and case number being \_\_\_\_\_.

39  
40  The proffered settlement should be approved.

41  
42  Unreimbursed medical and other expenses of \$ \_\_\_\_\_ have been incurred.  
43 Attached is a list of such expenses and proposed payees.

44  
45  A reasonable attorney fee for the attorney's services is \$ \_\_\_\_\_ and  
46 reimbursement to the attorney for suit expenses is \$ \_\_\_\_\_. A copy of the  
47 attorney's fee contract that has (has not) received prior approval of this Court, subject to modification,  
48 and an itemization of suit expenses are attached.

49  
50  The parent\_ , \_\_\_\_\_, claim \$ \_\_\_\_\_ for damages  
51 on account of loss of service of this minor and that claim is included in this settlement offer.

52  
53  This is a structured settlement. All necessary documents, including a statement of the present value  
54 of the settlement, are filed herewith.



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107

The applicant requests that:

- The Court authorize the applicant to execute a release which shall be effective upon payment of the settlement.
- The Court order payment of the above expenses and order that the net amount of \$ \_\_\_\_\_ for the benefit of the minor be:
  - Deposited in the name of the minor with \_\_\_\_\_, a financial institution, and not to be released until the minor attains the age of majority or upon further order of this Court.
  - Delivered to the legal guardian.
  - Delivered to \_\_\_\_\_, parent == and natural guardian\_\_.
  - Delivered to \_\_\_\_\_, the person by whom the minor is maintained.
  - Structured as set forth in the attached documents.
  - Deposited into a trust, proposed trust attached, for the benefit of the beneficiary until the beneficiary reaches 25 years of age (R.C. 2111.82).
- Supplemental forms required by local rule of Court are attached.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Attorney Registration No. \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Email Address

**ENTRY SETTING HEARING AND ORDERING NOTICE**

The Court sets \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_.m. as the date and time for hearing the above application and orders notice to be given by the applicant, as provided in the Rules of Civil Procedure, to the parents who have not waived notice and (further orders that the minor and parent\_ attend the hearing.)

\_\_\_\_\_  
Probate Judge

1 **PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO**

2  
3 **IN THE MATTER OF \_\_\_\_\_**

4  
5 **CASE NO. \_\_\_\_\_**

6  
7  
8 **ENTRY APPROVING SETTLEMENT OF A MINOR'S CLAIM**

9  
10 Upon hearing the application to approve and distribute the settlement of the claim of the minor, the Court:  
11 [check whichever of the following are applicable]

- 12  
13  Approves the proffered settlement of \$ \_\_\_\_\_;
- 14  
15  Orders payment of \$ \_\_\_\_\_ for medical and other expenses, as follows:  
16 \_\_\_\_\_;  
17 \_\_\_\_\_;
- 18  
19  Orders payment of \$ \_\_\_\_\_ to the attorney for reimbursement of suit expenses  
20 and \$ \_\_\_\_\_ for attorney fees for service rendered with respect to this matter;
- 21  
22  Orders payment of \$ \_\_\_\_\_ to the parent \_\_\_\_\_,  
23 for damages on account of loss of service of this minor;
- 24  
25  Authorizes the applicant to execute a release, which shall be effective upon payment of the  
26 settlement;
- 27  
28  Orders that the net amount of \$ \_\_\_\_\_, for the benefit of the minor be:
- 29  
30  Deposited in the name of the minor and not to be released until the minor attains  
31 the age of majority or upon further order of this Court with Form 22.3 Verification  
32 of Receipt and Deposit filed with the Court;
- 33  
34  Delivered to the legal guardian of the estate of this minor;
- 35  
36  Delivered to \_\_\_\_\_, parent \_\_ and  
37 \_\_ natural guardian;
- 38  
39  Delivered to \_\_\_\_\_, the  
40 person by whom the minor is maintained;
- 41  
42  Structured as set forth in the documents attached to the application;
- 43  
44  Deposited into a trust, for the benefit of the beneficiary until the beneficiary reaches 25 years of  
45 age. (R.C. 2111.182).
- 46  
47  Orders the applicant and the attorney to report on their distribution of the proceeds within 30 days of the  
48 date of this entry;
- 49  
50  Further orders \_\_\_\_\_  
51 \_\_\_\_\_  
52 \_\_\_\_\_

53 \_\_\_\_\_  
54 Date

\_\_\_\_\_  
Probate Judge

1                      **PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO**

2  
3 **IN THE MATTER OF \_\_\_\_\_**

4  
5 **CASE NO. \_\_\_\_\_**

6  
7                                              **REPORT OF DISTRIBUTION MINOR'S CLAIM**

8  
9 Pursuant to Entry filed \_\_\_\_\_, \_\_\_\_\_, the proceeds have been paid as  
10 shown below and on the accompanying vouchers.

11	Gross Proceeds	\$ _____
12	Less:	
13	Medical expenses	\$ _____
14	Reimbursement of suit expenses to _____	\$ _____
15	Attorney fees to _____	\$ _____
16	Loss of service to _____	\$ _____
17	Other: _____	\$ _____
18	<b>Total</b>	<b>\$ _____</b>

19  
20 Net Proceeds

- 21  Deposited pursuant to R.C. 2109.13  
22 Form 22.3 attached \$ \_\_\_\_\_
  - 23  Delivered to \_\_\_\_\_,  
24 legal guardian of the estate \$ \_\_\_\_\_
  - 25  Delivered to \_\_\_\_\_,  
26 parent \_ and natural guardian\_ \$ \_\_\_\_\_
  - 27  Delivered to \_\_\_\_\_,  
28 the person by whom the minor is maintained \$ \_\_\_\_\_
  - 29  Structured - see documents previously filed \$ \_\_\_\_\_
  - 30  Deposited into a trust, for the benefit of the beneficiary until the  
31 beneficiary reaches 25 years of age. (R.C. 2111.182) \$ \_\_\_\_\_
- 32  
33 Balance \$ - 0 -

34  
35 \_\_\_\_\_ Applicant

36  
37 Attorney Registration No. \_\_\_\_\_

38  
39                                              **ENTRY**

40  
41 The above report of distribution is hereby approved, and the applicant is discharged from further  
42 responsibility.

43  
44 \_\_\_\_\_  
45 Date

46  
47 \_\_\_\_\_  
48 Probate Judge

1 PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

2  
3 IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

4  
5 CASE NO. \_\_\_\_\_

6  
7  
8 STATEMENT OF EXPERT EVALUATION

9 [Sup. R. 66 & R.C. 2111.49]

10  
11 Definition of Incompetent (R.C. 2111.01(D)): "'Incompetent" means any person who is so mentally impaired as  
12 a result of a mental or physical illness or disability, or ~~mental retardation~~ intellectual disability, or as a result of  
13 chronic substance abuse, that the person is incapable of taking proper care of the person's self or property or  
14 fails to provide for the person's family or other persons for whom the person is charged by law to provide, or any  
15 person confined to a correctional institution within this State."

16  
17 The Statement of Evaluation does not declare the individual competent or incompetent; but is evidence to be  
18 considered by the Court. The fee for completing this evaluation **WILL NOT** be paid by the Probate Court. Each  
19 evaluator should secure payment from the Applicant/Guardian.

20  
21  
22 1. This Statement of Expert Evaluation is to be filed with or attached to:

23  A. Guardianship Application: Completed by  Licensed Physician or  Licensed Clinical  
24 Psychologist prior to the filing and attached to the application.

25  B. Guardian's Report: Completed by  Licensed Physician  Licensed Clinical  
26 Psychologist  Licensed Independent Social Worker  Licensed Professional Clinical  
27 Counselor or  ~~Mental Retardation~~ Intellectual Disability Team.

28 The evaluation or examination shall be completed within three months prior to the date of  
29 the Report. R.C. 2111.49

30  C. Application for Emergency Guardian:  of the person: a Licensed Physician shall  
31 complete the Supplement for Emergency Guardian, form 17.1A with specificity indicating  
32 the emergency, and why immediate action is required to prevent significant injury to the  
33 person. The Supplement shall be signed, dated, and attached as part of this completed  
34 Statement.

35  
36 2. Statement completed by:

37 Name & Title/Profession: \_\_\_\_\_

38 Business Address: \_\_\_\_\_

39 Business Telephone Number: \_\_\_\_\_

40 3. Date(s) of evaluation: \_\_\_\_\_

41 Place(s) of evaluation: \_\_\_\_\_

42 Amount of time spent on evaluation: \_\_\_\_\_

43 Length of time the individual has been your patient: \_\_\_\_\_

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4. Is the individual presently under medication?  Yes  No If yes, what is the medication, dosage, and purpose? \_\_\_\_\_

Are there any signs of physical and/or mental impairments caused by the medications themselves? \_\_\_\_\_

5. Is the individual mentally impaired?  Yes  No If yes, indicate the diagnosis below:

~~Mental Retardation~~ Intellectual Disability/Developmental Disabilities:

Profound  Severe  Moderate  Mild

Mental Illness: Type and Severity \_\_\_\_\_

Substance Abuse: Description \_\_\_\_\_

Dementia: Description \_\_\_\_\_

Other: Description \_\_\_\_\_

Please provide additional comments and test scores if available. (Continue comments on page 4): \_\_\_\_\_

6. During the examination did you notice an impairment of the individual's:

- a) Orientation  Yes  No  Unknown
- b) Speech  Yes  No  Unknown
- c) Motor Behavior  Yes  No  Unknown
- d) Thought Process  Yes  No  Unknown
- e) Affect  Yes  No  Unknown
- f) Memory  Yes  No  Unknown
- g) Concentration and comprehension  Yes  No  Unknown
- h) Judgment  Yes  No  Unknown

7. Please describe any impairments identified in question six. (Continue comments on page 4).

8. Is the individual physically impaired?  Yes  No If yes: Description  
\_\_\_\_\_

9. Are there any special characteristics of the individual which should be considered in evaluating the individual for guardianship:  Yes  No If yes: Explain  
\_\_\_\_\_  
\_\_\_\_\_

10. Are there any indication of abuse, neglect or exploitation of the individual?  Yes  No  
If yes: Explain \_\_\_\_\_  
\_\_\_\_\_

11. Do you believe the individual is capable of caring for the individual's activities of daily living or making decisions concerning medical treatments, living arrangements and diet?  Yes  No  
If no: Explain \_\_\_\_\_

12. Do you believe this individual is capable of managing the individual's finances and property?  
 Yes  No If no: Explain  
\_\_\_\_\_

13. Prognosis:  
A. Is the condition stabilized?  Yes  No  
B. Is the condition reversible:  Yes  No

14. In my opinion a guardianship should be:  
 Established/Continued  
 Denied/Terminated

I certify that I have evaluated the individual on \_\_\_\_\_, 20 \_\_\_\_\_.

Date: \_\_\_\_\_  
Signature of Evaluator \_\_\_\_\_

**GUARDIAN'S REPORT ADDENDUM**  
(Not to be used with initial Application)

It is my opinion, based upon a reasonable degree of medical or psychological certainty that the mental capacity of this ward will not improve.

Date \_\_\_\_\_  
Signature – Licensed Physician/Clinical Psychologist \_\_\_\_\_

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

**ADDITIONAL COMMENTS**

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Date \_\_\_\_\_

\_\_\_\_\_  
Signature – Licensed Physician/Clinical Psychologist