| PROBATE COURT OF |  |
|------------------|--|
|------------------|--|

COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

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

## NOTICE OF HEARING FOR APPOINTMENT **OF GUARDIAN OF MINOR** To Minor Over Age 14

[R.C. 2111.04]

То \_\_\_\_\_

Address \_\_\_\_\_

You are hereby notified that an application was filed in the Court by\_\_\_\_\_

for the appointment of a (limited) guardian for your (person and estate).

A minor over the age of fourteen years may select a guardian who shall be appointed if a suitable person. If such minor fails to select a suitable person, an appointment may be made without reference to the minor's wishes.

The application will be for hearing before the Probate Court in

on the \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_o'clock \_\_\_\_\_.M.

If you are over age 14 and fail to appear in said Court on or before the time of hearing and select some suitable person to act as your guardian, the Court will appoint a guardian for you, if a guardian is found necessarv.

Witness my signature and the seal of the Court,

this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_

Probate Judge

Ву:\_\_\_\_\_

Deputy Clerk

FORM 16.3 NOTICE OF HEARING FOR APPOINTMENT OF GUARDIAN OF MINOR (TO MINOR OVER AGE 14)

CASE NO.

## RETURN

|  |  | County, Ohio<br>, 20 |                |           |  |
|--|--|----------------------|----------------|-----------|--|
| Received this writ on theday of<br>M., and on the day of<br>delivering a true copy thereof personally to |  | , 20                 | _, at          | o'clock   |  |
|  |  |                      |                |           |  |
| Fees   |  |                      |                |           |  |
| Service and return, 1 <sup>st</sup> name \$  |  |                      |                |           |  |
| Additional names, at   |  |                      |                |           |  |
| Miles traveled, at   |  |                      |                |           |  |
|  | Sheriff                                    |                      |                |           |  |
| Total \$   |  |                      |                |           |  |
| AFFIDAVIT  | OF SERVICE                                 |                      |                |           |  |
| The State of Ohio,   | County.                                    |                      |                |           |  |
|  | , bein                                     | g first duly swor    | rn, says that  | on the    |  |
| day of, 20   | , the within n                             | otice was serve      | d by deliverir | ig a true |  |
| copy thereof personally to   |  |                      |                |           |  |
|  |  |                      |                |           |  |
| Sworn to before me and signed in my presence, this   | day of                                     |                      | , 20           | l         |  |
|  |  |                      |                |           |  |
|  |  |                      |                |           |  |
|  |  |                      |                |           |  |
| FORM 16.3 NOTICE OF HEARING<br>MINOR (TO   | FOR APPOINTMENT OF<br>D MINOR OVER AGE 14) | GUARDIAN OF          |                |           |  |