COMMON PLEAS COURT, WILLIAMS COUNTY, OHIO
PROBATE DIVISION
KAREN K. GALLAGHER, JUDGE

IN THE MATTER OF
THE GUARDIANSHIP OF

CASE NO: _____

_____

GUARDIANSHIP ANNUAL PAYEE REPORT

In Lieu of the Social Security Representative Payee Report

The guardian offers the payee report given below. The guardian states that the payee report is correct, and asks that it be approved.

The period of this payee report is from _____ to _____
(the period start date should be the day after the period end date of prior reporting – if applicable)

1. **(a)** Benefits paid to Payee between period listed above $_____

(b) Benefits reported as saved on last year's report. $_____

Total Accountable Amount *(add 1(a) plus 1(b)* **$**_____

2. **(a)** Did you (payee) decide how the benefits were spent or saved? ☐ Yes ☐ No

(b) How much of these benefits did you (payee) spend for the beneficiary's food and housing? $_____

(c) How much of these benefits did you spend on other things for the beneficiary such as clothing, education, medical and dental exams? $_____

(d) How much, if any, of these benefits did you save for the beneficiary as of the period ending date listed above? If none, write "none" $_____

3. If you show an amount in 2(d) above, please check the appropriate box/boxes below to show how you (payee) are saving the benefits. (check all that apply)

(a) Type of Account

☐ Savings/Checking Account
☐ U.S. Savings Bond
☐ Treasury Bills
☐ Certificate of Deposit
☐ Collective Savings/Checking Account
☐ Other: _____

(b) Title of Account

☐ Beneficiary's Name by Your Name
☐ Your Name for Beneficiary's Name
☐ Other: Title on Account: _____
_____

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Guardian's Signature:_____ **Date:** _____

COMMON PLEAS COURT, WILLIAMS COUNTY, OHIO
PROBATE DIVISION
KAREN K. GALLAGHER, JUDGE

IN THE MATTER OF
THE GUARDIANSHIP OF

_____

CASE NO: _____

ENTRY ON THE GUARDIANSHIP ANNUAL PAYEE REPORT

This cause came to be heard on the Guardianship Annual Payee Report filed on _____ for the above-named Ward. Based on the information/testimony presented, the Court hereby finds that the Guardianship Annual Payee Report is:

☐ APPROVED

☐ DENIED. The Court FINDS the Guardianship Annual Payee Report does not correspond with the information provided on the prior Guardianship Annual Payee Report filed and/or the prior Social Security Representative Payee Report filed. Therefore, the Court ORDERS that an Amended Guardianship Annual Payee Report be filed with this court within _____ months of this order.

☐ The Court sets _____, at _____ o'clock ___ M. as the date and time for a hearing on the Guardianship Annual Payee Report and that notice be given as required by law.

☐ THE COURT FURTHER ORDERS _____

_____

IT IS SO ORDERED.

_____
Karen K. Gallagher, Judge