

Probate Pre-Approval Bond Form

CBS AGENCY, INC.
 (a Subsidiary of the Columbus Bar Association)
 230 West St., Suite 100, Columbus, OH 43215
 (614) 340-2076 · Fax: (614) 340-2080 · bonds@cbalaw.org

CASE NAME: _____
CASE NUMBER: _____
COUNTY: _____

ESTATE or **TRUST** or **GUARDIANSHIP***

ESTATE: DATE OF DEATH: _____

***GUARDIANSHIP:** MINOR: DOB: _____
 INCOMPETENT: DOB: _____
 HEALTH STATUS: _____

Has Applicant Ever Filed Bankruptcy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is this an Additional Bond Request?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Estate: Has bond been filed before in this case?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Estate: Has this previously been bonded as a Guardianship?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Estate: Do any heirs disagree with appointment of applicant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Guardianship-Minor: Are funds to be used for care and support?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Guardianship: What is source of funds?	_____			
Is bond required on demand of anyone (other than Court)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Who: _____
 Yes No

Has applicant ever been denied bond?

ATTORNEY: _____
ADDRESS: _____

 Phone: _____
 Email: _____

FIDUCIARY: _____
ADDRESS: _____

 Phone: _____
 Email: _____
 **SSN: _____

Relationship to deceased/ward: _____

ASSETS of ESTATE, GUARDIANSHIP, TRUST:

Personal Property	\$	_____
Real Estate	\$	_____
Other: (describe) _____	\$	_____
Total	\$	_____
AMOUNT OF BOND REQUESTED	\$	_____

SURETY COMPANY:	APPROVED: <input type="checkbox"/>	DECLINED: <input type="checkbox"/>
PRE-AUTHORIZED BOND AMOUNT:		
BY:	Date:	
Cathy Victor, Attorney-in-Fact	Nicole Adolph, Attorney-in-Fact	BOND No.:
	John Susie, Attorney-in-Fact	

**The applicant agrees that the surety company may use the fiduciary's social security number to obtain and review a credit report.