

PROBATE COURT OF FRANKLIN COUNTY, OHIO
JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
 THE GUARDIANSHIP OF _____

CASE NO. _____

STATEMENT OF EXPERT EVALUATION

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

“Incompetent” means any person who is so mentally impaired, as a result of a mental or physical illness or disability, as a result of intellectual disability, or as a result of chronic substance abuse, that the person is incapable of taking proper care of the person’s self or property or fails to provide for the person’s family or other persons for whom the person is charged by law to provide; or any person confined to a correctional institution within this state. R.C. 2111.01(D).

This Statement of Expert Evaluation does not declare the Prospective Ward competent or incompetent, but is evidence to be considered by the Court.

The fee for completing this Statement of Expert Evaluation WILL NOT be paid by the Probate Court. Each evaluator should secure payment from the Applicant/Guardian.

1. This Statement of Expert Evaluation is filed with or attached to:

- A. **Guardianship Application:** Statement of Expert Evaluation must be completed by: Licensed Physician Licensed Clinical Psychologist prior to the filing of the application.
- B. **Guardian's Report:** Statement of Expert Evaluation completed by: Licensed Physician Licensed Clinical Psychologist Licensed Independent Social Worker Licensed Professional Clinical Counselor or Developmental Disability Team. The evaluation or examination shall be completed within three months prior of the date of the Report. R.C. 2111.49.
- C. **Application for Emergency Guardianship:** Statement of Expert Evaluation completed by: Licensed Physician - must complete Statement of Expert Evaluation and Supplemental Form 17.1B, with specificity indicating the emergency, and why immediate action is required to prevent significant injury to the person. The supplemental form must be signed, dated, and attached as part of this Statement of Expert Evaluation.

2. Statement completed by: **[please type or print legibly]**

Name & Title: _____

Business Address: _____

Business Telephone Number: _____

3. Date(s) of evaluation: _____

Place(s) of evaluation: _____

Amount of time spent on evaluation: _____

Length of time Prospective Ward has been your patient: _____

4. Is the Prospective Ward presently taking 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 Prospective Ward mentally impaired? Yes No If yes, indicate the diagnosis below:

Intellectual Disability/Developmental Disability: 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 pages 4]

6. During the examination did you notice an impairment of the Prospective Ward'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 or history identified in questions 5 and 6 above: [continue comments on page 4]

8. Is the Prospective Ward physically impaired? Yes No If yes, description: _____

9. Are there any special characteristics of the Prospective Ward which should be considered in evaluating the individual for guardianship? Yes No If yes, explain: _____

10. Are there any indications of abuse, neglect or exploitation? Yes No If yes, explain: _____

11. Do you believe the Prospective Ward is capable of managing the Prospective Ward's activities of daily living or making decisions concerning medical treatments, living arrangements and diet? Yes No If no, explain: _____

12. Do you believe the Prospective Ward is capable of managing the Prospective Ward'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 Prospective Ward on _____, 20_____.

Date

Signature of Evaluator

License #

Printed Name

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

License #

Printed Name

