

PROBATE COURT OF GREENE COUNTY, OHIO
THOMAS M. O'DIAM, JUDGE

GUARDIANSHIP OF _____
CASE NO. _____

STATEMENT OF EXPERT EVALUATION
[Sup. R. 66 & R.C. 2111.49]

Definition of Incompetent (R.C. 2111.01(D)): "Incompetent" means any person who is so mentally impaired as a result of a mental or physical illness or disability, or 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. The examiner shall complete this statement using personal observations and prior history obtained during the examiners course of treatment/interaction with the individual.

The Statement of Evaluation does not declare the individual competent or incompetent. It is evidence to be considered by the Court. The Probate Court **WILL NOT** pay the fee for completing this evaluation, unless otherwise ordered by the Court. The evaluator should secure payment from the Applicant or Guardian.

1. This Statement of Expert Evaluation is to be filed with or attached to:
 - A. Guardianship Application: [Evaluation must be completed before the filing of the attached application.]
Evaluation completed by Licensed Physician or Licensed Clinical Psychologist
 - B. Application for Emergency Guardianship:
Evaluation completed by Licensed Physician or Licensed Clinical Psychologist
[Note: If this Statement relates to an emergency guardianship of the person, a Licensed Physician or a Licensed Clinical Psychologist must complete the Supplement for Emergency Guardianship, Form 17.1A, specifying the details of the emergency, and why immediate action is required to prevent significant injury or death to the person. The Supplement must be signed by a Licensed Physician or a Licensed Clinical Psychologist, dated, and attached to this completed Statement.]
 - C. Guardian's Report: [Evaluation must be conducted within three months before the date of this Report. R.C. 2111.49]
Evaluation completed by Licensed Physician Licensed Clinical Psychologist
 Licensed Independent Social Worker Licensed Professional Clinical Counselor
 Developmental Disability Team Certified Nurse Practitioner Licensed Clinical Nurse Specialist

2. Statement completed by:
Name & Title/Profession: _____
Business Address: _____
Business Telephone Number: _____

3. Date(s) of evaluation: _____
Place(s) of evaluation: _____
Amount of time spent on evaluation: _____
Length of time the individual has been your patient: _____

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

[Continue Comments on page 4]

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:

Intellectual or Developmental Disabilities: (Please check the severity)
 Profound Severe Moderate Mild

Mental Illness: Type and Severity _____

Substance Abuse: Description _____

Dementia: Description _____

Other: Description, Type and Severity _____

[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? i.e. visual, mobility, hearing, etc. Yes No If yes, please describe:

[Continue comments on page 4]

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 his or her finances and property? Yes No
If no: Explain _____

13. What is the recommended living situation for the individual?
 Independent living arrangement Assisted living facility or group home
 Nursing home facility A memory care facility or lockdown unit
 Other _____

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

15. In my opinion a guardianship should be:
If this is a new application for appointment of a guardian: Established Denied
If this is an existing guardianship: Continued 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

Printed Name - Licensed Physician/Clinical Psychologist

