

PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE

IN THE MATTER OF THE 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 mental retardation, 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 Statement of Evaluation does not declare the individual competent or incompetent, but is evidence to be considered by the Court. The fee for completing this 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 to be filed with or attached to:

A. Guardianship Application: Completed by Licensed Physician or Licensed Clinical Psychologist prior to the filing and attached to the Application.

B. Guardian's Report: Completed by Licensed Physician or Licensed Clinical Psychologist Licensed Independent Social Worker Licensed Professional Clinical Counselor or Mental Retardation Team.

The evaluation or examination shall be completed within three months prior to the date of the Report. R.C. 2111.49.

C. Application for Emergency Guardian: of the person: a Licensed Physician shall complete the Supplement for Emergency Guardian, form 17.1A with specificity indicating the emergency, and why immediate action is required to prevent significant injury to the person. The Supplement shall be signed, dated, and attached as part of this completed Statement.

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?

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:

Mental Retardation/Developmental Disabilities:

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 page 4):

6. During the examination did you notice an impairment of the individual's:

- | | | | |
|------------------------------------|------------------------------|-----------------------------|----------------------------------|
| a) Orientation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| b) Speech | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| c) Motor Behavior | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| d) Thought Process | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| e) Affect | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| f) Memory | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| g) Concentration and Comprehension | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| h) Judgment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

7. Please describe any impairments identified in question six. (Continue comments on page 4).

8. Is the individual physically impaired? Yes No If yes: Description:

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 the individual'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 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 _____

CASE NO.: _____

ADDITIONAL COMMENTS

[Empty rectangular box for additional comments]

Date _____

Signature – Licensed Physician/Clinical Psychologist

**PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE**

GUARDIANSHIP OF: _____

CASE NO: _____

**COURT INVESTIGATOR'S REPORT ON PROPOSED
GUARDIANSHIP**

[R.C. 2111.041]

GENERAL INFORMATION

[To be compiled by Probate Court Investigator]

Individual's age _____
applicant _____

Relationship to

Individual's residence _____

Grounds for application (R.C.2111.01 (D)):

The individual is alleged to be:

- mentally impaired as a result of a mental illness or disability.
- mentally impaired as a result of a physical illness or disability.
- mentally impaired as a result of intellectual disability.
- mentally impaired as a result of chronic substance abuse.
- any person confined to a correctional institution within this state.

so that

- the individual is incapable of taking proper care of the individual's self.
- the individual is incapable of taking proper care of the individual's property.
- the individual fails to provide for the individual's family or other individual for whom the person is charged by law to provide.

Documentation submitted and date of
evaluation _____

Referral _____ Source:

CASE NO. _____

INVESTIGATOR'S REPORT

I. Service of Notice

Made at Individual's home

Made in Hospital, Nursing Facility, or Community-Based Care Facility:

Name of Facility _____

Address _____ of
Facility _____

Administrator or representative served _____

Other _____

Date of Service of Notice: _____

Others present during the contact (if yes, list name and relationship)

A. Individual's understanding of the concept of guardianship:

Good Fair Poor Unable to determine. Explain:

B. Individual's attitude to the concept of guardianship:

Consenting Opposed Unable to Determine. Explain:

C. Specific requests of the individual concerning enumerated rights:

CASE NO. _____

II. Mental and Physical Conditions of Individual

A. Individual's reported mental and physical diagnosis:

Individual's reported medications:

Reported by whom: _____

B. Mental Status Observations: During interview were impairments noted in the Individual's:

	Yes	No	Unable to Determine
1. Orientation (Person, Place and Time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Thought Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Affect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Concentration & Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain further if necessary: _____

C. Describe the Physical Condition of Individual

1. Isolation _____

2. Eating Habits _____

3. Significant Weight Loss or Gain _____

4. Sleep Habits _____

5. Motor Behavior _____

Explain further if necessary: _____

CASE NO. _____

D. Describe the Environmental or Living Condition of the Individual:

1. Housing & Sanitation _____

2. Risk of Accidents _____

3. Physical Barriers _____

4. Resource Availability _____

Explain further if necessary: _____

III. Functional Capacities

Activities and Instrumental Activities of Daily Living

	Capable	Incapable	Unable to Determine
1. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Transfer from bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Handling personal finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Doing housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CASE NO. _____

11. Using telephone

12. Taking medications

Explain further if necessary:

IV. Additional Items Affecting Guardianship Plan Development

A. Are there any indications or allegations of substance abuse by the individual or significant others that could impact the guardianship issue? Yes No Explain and recommend actions needed:

B. Are there any special characteristics of the individual (including aggressive, violent, or sexual behaviors, or other vulnerabilities) that pose a risk to self or others, which should be considered as guardianship decisions on living arrangements and supervision are made? Yes No Explain the characteristics and make recommendations:

C. Are there any allegations or indications of abuse, neglect, or exploitation of the individual? Yes No Explain and recommend needed actions:

D. Is there a need for additional medical, psychiatric, or psychological testing? Yes No If yes, give specific recommendations:

CASE NO. _____

E. Are there inconsistencies between the Expert Evaluation and the Court Investigator's findings that need further review by the Court? Yes No If yes, identify the inconsistencies and make a recommendation(s) to the Court:

_____.

F. Are there unresolved issues/conflicts/ differences among the parties? Yes No If yes, would mediation be of assistance? Yes No Explain:

_____.

G. Is there a power of attorney for financial affairs? Yes No Unknown If yes, where is it located?

_____.

Who is the attorney-in-fact? _____.

H. Is there a last will and testament? Yes No Unknown

If yes, where is it located? _____.

I. Is there a durable power of attorney for health care/living will? Yes No Unknown If yes, where is it located?

_____.

Give name and address of attorney-in-fact: _____.

J. Is there an advance directive for mental health care? Yes No Unknown If yes, where is it located?

_____.

Give name and address of attorney-in-fact: _____.

K. Is the individual a veteran? Yes No

V. RECOMMENDATIONS: Given the above information and Expert Evaluation(s):

A. IS A GUARDIANSHIP NECESSARY?

Yes

CASE NO. _____

- Person Only
- Estate Only
- Person and Estate
- Limited List Duties _____

No Explain and recommend a less restrictive alternative: _____

Are any of the mental, physical, or environmental conditions reversible? Yes No
Unknown

If yes, explain and recommend a date for the Court to review the guardianship. _____

B. NECESSITY FOR THE APPOINTMENT OF:

Attorney Independent Expert Evaluator

Are there special urgency needs? Explain: _____

Remarks:

I certify that I have served notice to the alleged incompetent as required by statute and I have communicated to the individual in a language and method best understandable by the individual the individual's right to be present at the hearing, the right to contest any

CASE NO. _____

application for the appointment of a guardian for his or her person, estate, or both, and the right to be represented by counsel.

Date

Investigator