PROBATE COURT OF WARREN COUNTY, OHIO

IN THE MATTER OF 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 mental pr physical illness or disability, or 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 Statement of Evaluation does not declare that 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:
 - Guardianship Application: Completed by Licensed Physician or Licensed Clinical
 Psychologist prior to filling and attached to the application.
 - B. Guardian's Report: Completed by Licensed Physician Licensed Clinical Psychologist
 Licensed Independent Social Worker Licensed Professional Clinical Counselor or
 Intellectual Disability 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 a person: a Licensed Physician shall complete the Supplement for Emergency Guardian, form 17.1A with specificity indication 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:

3.

| Name & Title/Profession: |
|--|
| Business Address: |
| Business Telephone Number: |
| Date(s) of evaluation: |
| Place(s) of evaluation: |
| Amount of time spent on evaluation: |
| Length of time the individual has been your patient: |

| | individual presently under medicatio | | - | at is the medication, dosag | | | | | | |
|----------------------------|--|--|--|---|--|--|--|--|--|--|
| Are th | ere any signs of physical and/or me | ntal impairments cau | ised by the medicati | ons themselves? | | | | | | |
| Is the | individual mentally impaired? | Yes | No If yes, indicate the diagnosis bel | | | | | | | |
| | Intellectual Disability/Developmenta | ntellectual Disability/Developmental Disabilities: | | | | | | | | |
| | Profound | Severe | Moderate | Mil | | | | | | |
| | Mental Illness: Type and Severity _ | | | | | | | | | |
| | Substance Abuse: Description | | | | | | | | | |
| | | | | | | | | | | |
| | Dementia: Description | | | | | | | | | |
| Pleas | Dementia: Description | | | | | | | | | |
| | | est scores if availabl | le. (Continue comme | | | | | | | |
| | e provide additional comments and t g the examination did you notice an i | est scores if availabl | le. (Continue comme | | | | | | | |
| During | e provide additional comments and t g the examination did you notice an i . Orientation | est scores if availabl | le. (Continue comme dividual's: | ents on page 4): | | | | | | |
| Durin | e provide additional comments and t g the examination did you notice an i . Orientation . Speech | est scores if availabl impairment of the inc Yes | le. (Continue comme dividual's: No | ents on page 4): Unknown | | | | | | |
| During a b c | e provide additional comments and t g the examination did you notice an i . Orientation . Speech | est scores if availabl impairment of the inc Yes Yes | le. (Continue comme dividual's: No No | ents on page 4): Unknown Unknown | | | | | | |
| During a b c | e provide additional comments and t g the examination did you notice an i . Orientation . Speech . Motor Behavior . Thought Process | est scores if availabl impairment of the inc Yes Yes Yes | le. (Continue comme dividual's: No No No | ents on page 4): Unknown Unknown Unknown | | | | | | |
| During a b c d | e provide additional comments and t g the examination did you notice an i . Orientation . Speech . Motor Behavior . Thought Process . Affect | impairment of the inc Yes Yes Yes Yes Yes Yes | le. (Continue comme dividual's: No No No No | ents on page 4): Unknown Unknown Unknown Unknown | | | | | | |
| Durinț a b c d | e provide additional comments and t g the examination did you notice an i . Orientation . Speech . Motor Behavior . Thought Process . Affect Memory | impairment of the inc Yes Yes Yes Yes Yes Yes Yes Yes Yes | le. (Continue comme dividual's: No No No No No | ents on page 4): Unknown Unknown Unknown Unknown Unknown | | | | | | |

CASE NO. _____

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

| | | | CASE NO | | | | | | | | | |
|----------|--|--|--------------|-----------------|-----------------|--------------------|--------------|--|--|--|--|--|
| 8. | Is the individual physic | cally impaired? | Yes | No | If yes: Desc | ription | | | | | | |
| 9. | Are there any special | characteristics of t | he individua | which should be | e considered in | evaluating the inc | lividual 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 inc | Do you believe the individual is capable of caring for the individual's activities of daily living or making decisions | | | | | | | | | | |
| | concerning medical tre | - | - | | Yes | No | | | | | | |
| 12. | | If no: Explain Do you believe this individual is capable of managing the individual's finances and property? | | | | | | | | | | |
| | Yes | No | lf no: E | xplain | | | | | | | | |
| 13. | Prognosis: | | | | | | | | | | | |
| | A. Is the condition st | abilized? | Yes | No | | | | | | | | |
| | B. Is the condition re | eversible: | Yes | No | | | | | | | | |
| 14. | In my opinion a guardianship should be: | | | | | | | | | | | |
| | Established/Cor | ntinued | | | | | | | | | | |
| | Denied/Termina | ated | | | | | | | | | | |
| l certif | fy that I have evaluated th | ne individual on | | | | , 20 | | | | | | |
| Date: | | | | Signature of E | valuator | | | | | | | |
| | | | | PORT ADDE | NDUM | | | | | | | |
| | s my opinion, based up vill not improve. | on a reasonable | degree of | medical or psyc | chological cer | tainty, that the n | nental capa | | | | | |
| | | | | | | | | | | | | |
| | | | | | | ysician/Clinical | | | | | | |

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ADDITIONAL COMMENTS

Date _____

Signature – Licensed Physician/Clinical Psychologist