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

IN THE MATTER OF THE GUARDIANSHIP OF_____

CASE NO. _____

SUPPLEMENT FOR EMERGENCY GUARDIAN OF PERSON

[R.C. 2111.02]

This Supplement must be completed when there is a request for Emergency Guardianship. The following questions must be answered with <u>specificity</u> and item 1.C, page 1 of the Statement of Expert Evaluation , Form 17.1A, must be checked.

1.	Does the patient have a durable health care power of attorney: \Box Yes \Box No
	If yes, why is it not being honored:
2.	Injury(ies) which the alleged incompetent is in danger of receiving:
3.	What is the risk of the injury(ies) in 2 above: \Box Possible \Box Likely \Box Substantially Certain
4.	What are the medical procedures, if any, which would prevent the injury(ies) in 2 above:
5.	What decision(s) can a guardian make that will prevent this/these injury(ies):
6.	Ability of the alleged incompetent to receive notice and give consent:
7.	Additional statements regarding condition, family, support services, etc.:
No	ote: Any above answers any may be supplemented by attachments.
	Date and Time of Evaluation

Date of Report FRANKLIN COUNTY FORM 17.1B - SUPPLEMENT FOR EMERGENCY GUARDIAN OF PERSON