

**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
**ROBERT G. MONTGOMERY, 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 specificity 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:  Yes  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:  Possible  Likely  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.: \_\_\_\_\_

\_\_\_\_\_

Note: Any above answers any may be supplemented by attachments.

\_\_\_\_\_  
Date and Time of Evaluation

\_\_\_\_\_  
Licensed Physician

\_\_\_\_\_  
Date of Report