

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

IN THE MATTER OF  
 THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

**STATEMENT OF EXPERT EVALUATION**

[Sup.R. 66 & R.C. 2111.49]

**“Incompetent”** means any person who is so mentally impaired, as a result of a mental or physical illness or disability, 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. R.C. 2111.01(D).

This Statement of Expert Evaluation does not declare the Prospective Ward competent or incompetent, but is evidence to be considered by the Court.

The fee for completing this Statement of Expert 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 filed with or attached to:

- A. **Guardianship Application:** Statement of Expert Evaluation must be completed by:  Licensed Physician  Licensed Clinical Psychologist prior to the filing of the application.
- B. **Guardian's Report:** Statement of Expert Evaluation completed by:  Licensed Physician  Licensed Clinical Psychologist  Licensed Independent Social Worker  Licensed Professional Clinical Counselor or  Developmental Disability Team. The evaluation or examination shall be completed within three months prior of the date of the Report. R.C. 2111.49.
- C. **Application for Emergency Guardianship:** Statement of Expert Evaluation completed by:  Licensed Physician - must complete Statement of Expert Evaluation and Supplemental Form 17.1B, with specificity indicating the emergency, and why immediate action is required to prevent significant injury to the person. The supplemental form must be signed, dated, and attached as part of this Statement of Expert Evaluation.

2. Statement completed by: **[please type or print legibly]**

Name & Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

3. Date(s) of evaluation: \_\_\_\_\_

Place(s) of evaluation: \_\_\_\_\_

Amount of time spent on evaluation: \_\_\_\_\_

Length of time Prospective Ward has been your patient: \_\_\_\_\_

4. Is the Prospective Ward presently taking 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 Prospective Ward mentally impaired?  Yes  No If yes, indicate the diagnosis below:

Intellectual Disability/Developmental Disability:  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 pages 4]

6. During the examination did you notice an impairment of the Prospective Ward'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 or history identified in questions 5 and 6 above: [continue comments on page 4]

8. Is the Prospective Ward physically impaired?  Yes  No If yes, description: \_\_\_\_\_

\_\_\_\_\_

9. Are there any special characteristics of the Prospective Ward which should be considered in evaluating the individual for guardianship?  Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Are there any indications of abuse, neglect or exploitation?  Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Do you believe the Prospective Ward is capable of managing the Prospective Ward's activities of daily living or making decisions concerning medical treatments, living arrangements and diet?  Yes  No If no, explain: \_\_\_\_\_

\_\_\_\_\_

12. Do you believe the Prospective Ward is capable of managing the Prospective Ward'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 Prospective Ward on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
License #

\_\_\_\_\_  
Printed Name

**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

\_\_\_\_\_  
License #

\_\_\_\_\_  
Printed Name

