

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

IN THE MATTER OF THE CONSERVATORSHIP OF _____

CASE NO. _____

STATEMENT OF EXPERT EVALUATION
FOR CONSERVATORSHIP

Ohio R.C. 2111.021 specifies that "A competent adult who is physically infirm may petition the probate court***to place, for a definite or indefinite period of time, his person, any or all of his real or personal property, or both under a conservatorship***[A] petitioner either may grant specific powers to the conservator or court or may limit any powers granted by law***"

This Statement of Expert Evaluation is intended to confirm mental competency with physical infirmity of the petitioner and is evidence to be considered by the Probate Court.

The fee for completing this Statement WILL NOT be paid by the Probate Court. Each evaluator should secure payment from the Petitioner.

- I. This Statement of Expert Evaluation is completed for: (Check One)
A. _____ The initial Conservatorship Petition is to be completed by a physician and/or clinical psychologist, and attached to the Petition for Conservatorship as an Exhibit.
B. _____ Conservator's Report. This evaluation can be completed by a physician, clinical psychologist, licensed clinical social worker, or mental retardation team. The Conservator must have this evaluation completed within three (3) months prior to filing the Conservator's Report.

2. This Statement of Expert Evaluation is being completed by:

Name _____

Address _____ Telephone _____

- ___ Physician ___ Clinical Psychologist
___ Licensed Clinical Social Worker ___ Mental Retardation Team

3. The following is my/our assessment of the physical capacity and functioning level of the patient/petitioner.

Case No. _____

4. Is the petitioner mentally competent? _____ Yes _____ No

Comments _____

5. Is the petitioner physically impaired? _____ Yes _____ No

6. Is there observed/reported evidence of physical infirmity? _____ Yes _____ No

If Yes, describe _____

7. If the petitioner is physically impaired, what is the cause? _____

8. Can the petitioner conduct business without the aid of a conservator?

_____ Yes _____ No Comments _____

9. Can the petitioner properly care for himself/herself without the aid of a conservator?

_____ Yes _____ No Comments _____

ADDITIONAL COMMENTS

I hereby certify that I/We have evaluated the petitioner on the _____ day of _____, 20 _____,
for the purpose of a conservatorship.

Date

Evaluator