

**PROBATE COURT OF HAMILTON COUNTY, OHIO
JAMES CISSELL, JUDGE**

GUARDIANSHIP OF _____

CASE NO. _____

STATEMENT OF EXPERT EVALUATION

[This form may only be used for purpose of the Guardian's Report]

Definition of incompetent [O.R.C. 2111. 01 (D)]- "An Incompetent means any person who is so mentally impaired as a result of a mental or physical illness or disability, or mental retardation, 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 the ward incompetent, but is evidence to be considered by the Court.

The fee for completing this evaluation WILL NOT be paid by the Court. Each evaluator should secure payment from the Guardian.

1. This statement of expert evaluation is for the Guardian's Report. [Evaluation and statement by a Licensed Physician, Psychologist, Clinical Social Worker, or Mental Retardation Team to be completed within three months of the date of this report. O.R.C. 2111.49(A)(1)].

2. Statement completed by:

Name: _____

Address: _____

Phone Number: _____

who is a: Licensed Physician _____ Licensed Psychologist _____

 Licensed Clinical Social Worker _____ Mental Retardation Team _____

3. Date(s) of evaluation: _____

Place(s) of evaluation: _____

Time spent with ward: _____

Length of time ward has been your patient: _____

4. Is the ward presently under 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. During the examination did you note a disturbance of the ward's:

	Yes	No
a) Orientation?.....	_____	_____
b) Speech?.....	_____	_____
c) Motor Behavior?.....	_____	_____
d) Thought Process?.....	_____	_____
e) Affect?.....	_____	_____
f) Memory?.....	_____	_____
g) Concentration and Comprehension?.....	_____	_____
h) Judgment?.....	_____	_____
i) Perception of Time and Place?.....	_____	_____

6. Please describe any abnormalities identified in question five. (Attach addenda if space is not adequate.) _____

7. Is the ward mentally impaired? Yes _____ No _____ If yes, what is the cause? _____

8. Is the ward physically impaired? Yes _____ No _____ If yes, what is the cause? _____

9. Did you consult any collateral information in conjunction with your evaluation? Yes _____ No _____
If yes, explain: _____

10. Please give a summary of background / historical information obtained from the ward and/or collateral source. _____

11. Could you determine the general level of intelligence and fund of knowledge of the ward?
Yes _____ No _____ If yes, explain: _____

12. Do you believe this ward in his/her present condition, is substantially capable of managing his/her finances and property? Yes _____ No _____ If yes, explain: _____

13. Do you believe this ward in his/her present condition, is substantially capable of caring for his/her activities of daily living or making decisions concerning medical treatments, living arrangements, and diet?

Yes _____ No _____ If yes, explain: _____

14. Prognosis: _____

In my opinion a guardianship should be:

Continued

Terminated

CASE NO. _____

Additional Comments

I certify that I have evaluated _____ for the purpose of guardianship.

Date of Evaluation

Evaluator

**PROBATE COURT OF HAMILTON COUNTY, OHIO
JAMES CISSELL, JUDGE**

GUARDIANSHIP OF _____

CASE NO. _____

GUARDIAN'S REPORT

(R.C. 2111.49)

NOTE: If allotted space is inadequate to respond, write "See Exhibit" in the space and add appropriate exhibit letter sequence, then attach exhibit containing information requested for that space.

1. This is the **(circle one)** 1st, 2nd, 3rd, 4th, 5th, 6th, or _____, Guardian's Report.

2. Ward's present address: _____
City _____ State _____
Zip _____ Telephone(_____) _____

3. Ward's living arrangements at the above address are best described as:

a. His or her own apartment or home (includes assisted living facilities).

b. Private home or apartment of:

(1) the ward's guardian

(2) a relative of the ward, whose name is _____

and relationship is _____

(3) a non-relative whose name is _____

c. A foster, group or boarding home.

d. A nursing home.

e. A medical facility or state institution.

f. Other (describe) _____

g. If c, d, e or f is checked, complete the following:

(1) The name of the home, facility or institution _____

(2) The name of an individual at the home, facility or institution who has knowledge and is authorized to give information to the Court about the ward.

Name _____

Telephone Number (_____) _____

4. The ward will be at the address given in Item 2.

a. Indefinitely.

b. Temporarily. The new address and telephone number is:

(1) Unknown. I will provide this information when known.

(2) _____

City _____ State _____

Zip _____ Telephone(_____) _____

5. Guardian's contact with the ward:
- a. Approximate number of times the guardian had contact with the ward during the period covered by this report: _____
 - b. The nature of those contacts (phone, personal, or other): _____

 - c. Date the ward was last seen by the guardian: _____
6. Have you observed any major change in the ward's physical or mental condition during the period covered by this report? Yes No
If "Yes" is checked, briefly describe the changes. _____

7. The care given to the ward is Adequate Not Adequate
If "Not Adequate" is checked, explain. _____

8. The guardianship should be Continued Not Continued
If "Not Continued" is checked, explain. _____

9. During the period covered by this report, the ward has has not
been seen by a physician. If the ward has been seen, the last date was _____
_____ and for the purpose of _____

Attached is a statement by a licensed physician, a licensed clinical psychologist, a licensed social worker, or a mental retardation team, that has evaluated or examined the ward within three months prior to the date of this report regarding the need for continuing the guardianship.
[R.C.2111.49(A)(1)(i)] (H.C. Form 17.15)

If an attorney has been consulted on this report:	Date _____
_____ Attorney's Signature	_____ Guardian's Signature
_____ (Type or print Attorney's Name)	_____ (Type or print Guardian's Name)
_____ (Street)	_____ (Street)
_____ (City, State, Zip Code)	_____ (City, State, Zip Code)
_____ ()	_____ ()
_____ Telephone Number	_____ (Telephone Number - Include Area Code)
_____ Supreme Court Regis. No.	