

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
RALPH WINKLER, JUDGE**

**GUARDIANSHIP OF** \_\_\_\_\_

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

**STATEMENT OF EXPERT EVALUATION**

**[ This form may only be used for purposes of a Guardianship Application ]**

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 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."

The statement of evaluation does not declare the prospective ward competent or 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 Applicant.

1. This statement of expert evaluation is for the Guardianship Application. (To be completed by a Licensed Physician, or Licensed Clinical Psychologist, and attached to the Application).

2. Statement completed by:

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

who is a:      Licensed Physician \_\_\_\_\_      Licensed Clinical Psychologist \_\_\_\_\_

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

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

Time spent with ward: \_\_\_\_\_

Length of time prospective ward has been your patient: \_\_\_\_\_

4. Is the prospective 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 prospective 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 prospective ward mentally impaired? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the cause? \_\_\_\_\_

8. Is the prospective 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 prospective ward and/or collateral source. \_\_\_\_\_

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

12. Do you believe this prospective 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 prospective 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 the application for guardianship

Should be granted.

Should not be granted

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

**Additional Comments**

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I certify that I have evaluated \_\_\_\_\_ for the purpose of guardianship.

\_\_\_\_\_  
Date of Evaluation

\_\_\_\_\_  
Evaluator