

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

GUARDIANSHIP OF _____
CASE NO. _____

**GUARDIAN'S REPORT
[R.C. 2111.49 and Sup.R. 66.05(B)(2)]**

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 Date of Birth: _____
3. Ward's present address: _____
City _____ State _____
Zip _____ Telephone (_____) _____
4. 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 (_____) _____
5. 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 (_____) _____

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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 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 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, Licensed Clinical Nurse Specialist, Licensed Certified Nurse Practitioner, Licensed Clinical Psychologist, Licensed Independent Social Worker, Licensed Professional Clinical Counselor or Developmental Disability 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 Clinical Psychologist _____

Developmental Disability Team _____

Licensed Certified Nurse Practitioner _____

Licensed Independent Social Worker _____

Licensed Clinical Nurse Specialist _____

Licensed Professional Clinical Counselor _____

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
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CASE NO. _____

GUARDIANSHIP INFORMATION

The Applicant/Guardian hereby provides the Court with the following information:

RESIDENTIAL PROVIDER INFORMATION

Residential Provider: _____

Contact Name: _____

Phone Number (including area code): _____

Email: _____

HAMILTON COUNTY BOARD OF DEVELOPMENTAL DISABILITIES INFORMATION

SSA Name: _____

SSA Phone Number (including area code): _____

SSA Email: _____

DAY PROGRAM/WORKSHOP/COMMUNITY EMPLOYMENT INFORMATION

Program Name: _____

Contact Name: _____

Phone Number (including area code): _____

Address: _____

Days/Hours Attend: _____

Applicant/Guardian