

**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: _____

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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?.....	<input type="checkbox"/>	<input type="checkbox"/>
b) Speech?.....	<input type="checkbox"/>	<input type="checkbox"/>
c) Motor Behavior?.....	<input type="checkbox"/>	<input type="checkbox"/>
d) Thought Process?.....	<input type="checkbox"/>	<input type="checkbox"/>
e) Affect?.....	<input type="checkbox"/>	<input type="checkbox"/>
f) Memory?.....	<input type="checkbox"/>	<input type="checkbox"/>
g) Concentration and Comprehension?.....	<input type="checkbox"/>	<input type="checkbox"/>
h) Judgement?.....	<input type="checkbox"/>	<input type="checkbox"/>
i) Perception of Time and Place?.....	<input type="checkbox"/>	<input type="checkbox"/>

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? _____

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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

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Additional Comments

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

Date of Evaluation

Evaluator