

PROBATE COURT OF LAKE COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF _____
Case No. _____ Docket _____ Page _____

STATEMENT OF EXPERT EVALUATION

Definition of Incompetent (R.C. 2111.01(D)): "Incompetent means any person who is so mentally impaired as a result of a physical or mental illness or disability, or retardation, or as a result of chronic substance abuse, that he is incapable of taking proper care of himself or his property or fails to provide for his family or other persons for whom he is charged by law to provide, or any person confined to a penal 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/Guardian.

- 1. This Statement of Evaluation is for:
 ____ Guardianship Application. (To be completed by a Licensed Physician or Licensed Clinical Psychologist, and attached to the Application).
 ____ Guardian's Report. (Evaluation and Statement by a Licensed Physician, Licensed Clinical Psychologist, Licensed Social Worker, or Mental Retardation Team to be completed within three months of date of the report. R.C. 2111.49(A)(1)(i).)

- 2. Statement completed by: (must be typed)

Name _____

Address _____ Phone _____

Who is a:

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

- 3. Following is my diagnosis/assessment of the mental and physical capacity, and the functioning level of the prospective ward.

4. Is the prospective ward mentally impaired? YES _____ NO _____

5. A. Is there observed or reported evidence of mental impairment?

Yes _____ No _____ Describe: _____

B. If reported, name source: _____

6. If the prospective ward is mentally impaired, what is the cause? _____

7. A. Is there observed or reported evidence of physical impairment?

Yes _____ No _____ Describe: _____

B. If reported, name source: _____

8. Can the prospective ward conduct business affairs without the aid of a guardian?

Yes _____ No _____ Comments: _____

9. Can the prospective ward properly care for himself without the aid of a guardian?

Yes _____ No _____ Comments: _____

10. Provide the address of the ward: _____

11. (TO BE COMPLETED IF SUBMITTED WITH A GUARDIAN'S REPORT) In my opinion, the guardianship should be: Continued _____ Terminated _____.

12. (TO BE COMPLETED IF SUBMITTED WITH AN APPLICATION FOR

GUARDIANSHIP) In my opinion, the application for guardianship:

Should be granted _____ Should not be granted _____ .

ADDITIONAL COMMENTS

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

Date of Evaluation _____
Evaluator _____