

**Probate Court of Lake County, Ohio**  
**Mark J. Bartolotta, Judge**

In the matter of the guardianship of \_\_\_\_\_  
Case No. \_\_\_\_\_

Supplement for emergency Guardian of Person  
[R.C. 2111.49]

This supplement must be completed when there is a request for Emergency Guardianship. The following questions must be answered with **specificity** and item 1., page 1 of the statement of expert Evaluation, Form 17.1 must be checked.

A. Does the individual have a durable health care power of attorney? \_\_\_\_\_ If yes, why is it not being honored?

\_\_\_\_\_  
\_\_\_\_\_

B. Exact nature of emergency :

\_\_\_\_\_  
\_\_\_\_\_

C. Length of time emergency has existed, and why?

\_\_\_\_\_  
\_\_\_\_\_

D. Specific action required to prevent significant injury to person:

\_\_\_\_\_  
\_\_\_\_\_

E. Ability of the alleged Incompetent to receive notice and give consent:

\_\_\_\_\_  
\_\_\_\_\_

F. Medical Prognosis in detail if immediate action, within 24 hours, is not taken:

\_\_\_\_\_  
\_\_\_\_\_

G. Additional statements regarding condition, family, support services, etc:

Note: Any above answers may be supplemented by attachments.

\_\_\_\_\_  
Date and Time of Evaluation

\_\_\_\_\_  
Licensed Physician

\_\_\_\_\_  
Date of Report