PROBATE COUT OF LAKE COUNTY, OHIO
MARK J. BARTOLOTTA, JUDGE

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

STATEMENT OF EXPERT EVALUATION

[Sup. R. 66 & R.C. 2111.49]

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 individual competent or incompetent, but is evidence to be considered by the Court. The fee for completing this evaluation **WILL NOT** be paid by the Probate Court. Each evaluator should secure payment from the Applicant/Guardian.

1. This Statement of Evaluation is to be filed with or attached to::
   - ☐ A. Guardianship Application: Completed by ☐ Licensed Physician or ☐ Licensed Official Psychologist prior to filing and attached to the application.
   - ☐ B. Guardian's Report: Completed by ☐ Licensed Physician or ☐ Licensed Official Psychologist ☐ Licensed Independent Social Worker ☐ Licensed Professional Clinical Counselor or ☐ Mental Retardation Team. The evaluation or examination shall be completed within three months prior to the date of the Report. R.C. 2111.49
   - ☐ C. Application for Emergency Guardian: ☐ of the person: a Licensed Physician shall complete the Supplement for Emergency Guardian, form 17.1A with specificity indicating the emergency, and why immediate action is required to prevent significant injury to the person. The Supplement shall be signed, dated, and attached as part of this completed Statement.

2. Statement completed by:
   Name&Title/Profession: _____
   Business Address: _____
   Business Telephone Number: _____
3. Date(s) of evaluation: _____
   Place(s) of evaluation: _____
   Amount of time spent on evaluation: _____
   Length of time the individual has been your patient: _____

CASE NO._____

4. Is the individual 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. Is the individual mentally impaired? ☐Yes ☐No If yes, please indicate the diagnosis below:

   ☐Mental Retardation/Developmental Disabilities:
   ☐Profound ☐Severe ☐Moderate ☐Mild

   ☐Mental Illness: Type and Severity_____
_____

   ☐Substance Abuse: Description_____
_____

   ☐Dementia: Description_____
_____

   ☐Other:Description_____
_____

   Please provide additional comments and test scores if available. (Continue comments on Page 4):_____

6. During the examination did you notice an impairment of the individual's:

a.) Orientation	☐Yes	☐No	☐Unknown
b.) Speech	☐Yes	☐No	☐Unknown
c.) Motor Behavior	☐Yes	☐No	☐Unknown
d.) Thought Process	☐Yes	☐No	☐Unknown
e.) Affect	☐Yes	☐No	☐Unknown
f.) Memory	☐Yes	☐No	☐Unknown
g.) Concentration and comprehension	☐Yes	☐No	☐Unknown
h.) Judgment	☐Yes	☐No	☐Unknown

7. Please describe any impairments identified in question six. (Continue comments on page 4).

_____

CASE NO._____

8. Is the individual psychically impaired? ☐Yes ☐No If yes: Description

_____

9. Are there any special characteristics of the individual which should be considered in evaluating the individual for guardianship: ☐Yes ☐No If yes: Explain

_____

_____

10. Are they any indication of abuse, neglect or exploitation of the individual? ☐Yes ☐No
If yes: Explain_____

_____

11. Do you believe the individual is capable of caring for the individual's activities of daily living or making decisions concerning medical treatments, living arrangements and diet?
☐Yes ☐No If No:Explain_____

12. Do you believe this individual is capable of managing the individual's finances and property? ☐Yes ☐No If No:Explain_____

13. Prognosis:
    A. Is the condition stabilized? ☐Yes ☐No
    B. Is the condition reversible? ☐Yes ☐No

14. In my opinion a guardianship should be:
    ☐Established/Continued
    ☐Denied/Terminated

I certify that I have evaluated the individual on_____,20_____

Date:_____ _____
Signature of Evaluator

GUARDIAN'S REPORT ADDENDUM
(Not to be used with initial Application)

It is my opinion, based upon a reasonable degree of medical or psychological certainity, that the mental capacity of this ward will not improve.

Date:_____ _____
Signature-Licensed Physician/Clinical Psychologist

CASE NO._____

ADDITIONAL COMMENTS

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Date:_____ _____

Signature-Licensed Physician/Clinical Psychologist