

**PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO**

**IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_**

**CASE NO. \_\_\_\_\_**

**STATEMENT OF EXPERT EVALUATION**

Definition of incompetent [ O.R.C. 2111.01 (D)]: "Incompetent means any person who is so mentally impaired as a result of a mental or physical illness or disability, or mental retardation, 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 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: (please type or print)

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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CASE NO. \_\_\_\_\_

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

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

11. (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