PROBATE COURT OF ASHTABULA COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF

CASE NO.

STATEMENT OF EXPERT EVALUATION

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

Definition of Incompetence (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 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 for the Applicant/Guardian.

1. This Statement of Expert Evaluation is to be filed with or attached to:

   A. Guardianship Application: Completed by: Licensed Physician or Licensed Clinical Psychologist prior to the filing and attached to the application

   B. Guardian’s Report: Completed by: Licensed Physician Licensed Clinical 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 <u>specificity</u> 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:

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, indicate the diagnosis below:

   Mental Retardation/Developmental Disabilities:

   Profound Severe Moderate Mild

   Mental Illnesses: 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)

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8. Is the individual physically impaired? Yes No If yes, describe:

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 there 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 reasonable degree of medical or psychological certainty, that the mental capacity of this ward will not improve.

Date:______________________

____
Signature - Licensed Physician/Clinical Psychologist

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ADDITIONAL COMMENTS

Date:____________________________

____
Signature - Licensed Physician/Clinical Psychologist