PROBATE	COURT OF
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IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

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 mental or physical illness or disability, or intellectual disability, 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 from the Applicant/Guardian.

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

	Α.	Guardianship Application: Completed by 🗌 Licensed Physician or 🗌 Licensed Clinical
		Psychologist prior to the filing and attached to the application.
	В.	Guardian's Report: Completed by 🗌 Licensed Physician 🗌 Licensed Clinical
		Psychologist 🔲 Licensed Independent Social Worker 🔲 Licensed Professional Clinical
		Counselor or 🗌 Intellectual Disability 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.
Stata	mont or	ampleted by:
		ompleted by:
Name	e & Title	/Profession:
Busir	iess Ad	dress:
Busir	less Tel	ephone 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:

2.

	der medication? 🗌 Yes 🗌 No	-	at is the medication, dosag			
	al and/or mental impairments ca					
	s the individual mentally impaired? Yes No If yes, indicate the diagnosis below: Intellectual Disability/Developmental Disabilities:					
Profound	·	Moderate	☐ Mild			
	Severity	-				
Substance Abuse: Descri	ption					
Dementia: Description						
Other: Description						
Other: Description Please provide additional con		ble. (Continu				
Other: Description Please provide additional con	nments and test scores if availa	ble. (Continu				
Other: Description Please provide additional con During the examination did yc	nments and test scores if availa	ble. (Continu ndividual's:	e comments on page 4):			
Other: Description Please provide additional con During the examination did yo a) Orientation	nments and test scores if availat ou notice an impairment of the ir Yes	ble. (Continu ndividual's: No	e comments on page 4):			
 Other: Description Please provide additional con During the examination did you a) Orientation b) Speech 	nments and test scores if availat ou notice an impairment of the ir Yes Yes	ble. (Continu ndividual's: No No	e comments on page 4): Unknown Unknown			
 Other: Description Please provide additional con During the examination did you a) Orientation b) Speech c) Motor Behavior 	nments and test scores if availa ou notice an impairment of the ir Yes Yes Yes	ble. (Continu ndividual's: No No No	e comments on page 4): . Unknown Unknown Unknown Unknown			
 Other: Description Please provide additional con During the examination did you a) Orientation b) Speech c) Motor Behavior d) Thought Process 	nments and test scores if availa ou notice an impairment of the ir Yes Yes Yes Yes Yes	ble. (Continu ndividual's: No No No No	e comments on page 4): Unknown Unknown Unknown Unknown Unknown			
 Other: Description Please provide additional con During the examination did you a) Orientation b) Speech c) Motor Behavior d) Thought Process e) Affect 	nments and test scores if availab ou notice an impairment of the ir Yes Yes Yes Yes Yes Yes Yes	ble. (Continu ndividual's: No No No No No	e comments on page 4): Unknown Unknown Unknown Unknown Unknown Unknown			

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8.	Is the individual physically 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:
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?
12	Do you believe this individual is capable of managing the individual's finances and property?
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 certi	fy that I have evaluated the individual on, 20
Date:	Signature of Evaluator
	GUARDIAN'S REPORT ADDENDUM
	(Not to be used with initial Application)
capac	It is my opinion, based upon a reasonable degree of medical or psychological certainty that the mental city of this ward will not improve.
Date _	
	Signature – Licensed Physician/Clinical Psychologist FORM 17.1 -
	STATEMENT OF EXPERT EVALUATION

XPERT EVALUATION

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CASE NO._____

ADDITIONAL COMMENTS

Date _____

Signature – Licensed Physician/Clinical Psychologist

FORM 17.1 - STATEMENT OF EXPERT EVALUATION