

PROBATE COURT OF SUMMIT COUNTY, OHIO

GUARDIANSHIP OF _____

CASE NO. _____

STATEMENT OF EXPERT EVALUATION

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 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/Guardian.

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 full name and address).**

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.

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 him/herself 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's signature

GUARDIAN'S REPORT ADDENDUM

(Not to be used with initial Application)

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

Date

Signature-Licensed Physician/Clinical Psychologist