

**PROBATE COURT OF SUMMIT COUNTY, OHIO  
ELINORE MARSH STORMER, JUDGE**

GUARDIANSHIP OF \_\_\_\_\_

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

**SUPPLEMENT FOR EMERGENCY GUARDIAN OF PERSON**  
[R.C. 2111.49]

This Supplement must be completed when there is a request for Emergency Guardianship. The following questions must be answered with specificity and item 1.C, page 1 of the Statement of Expert Evaluation, Form 17.1 must be checked.

- A. Does the individual have a durable health care power of attorney?  Yes  No  
If yes, why is it not being honored?

\_\_\_\_\_

- B. Exact nature of emergency: \_\_\_\_\_

\_\_\_\_\_

- C. Length of time emergency has existed, and why? \_\_\_\_\_

\_\_\_\_\_

- D. Specific action required to prevent significant injury to the person:

\_\_\_\_\_

- E. Ability of the alleged Incompetent to receive notice and give consent:

\_\_\_\_\_

- F. Medical prognosis in detail if immediate action, within 24 hours, is not taken:

\_\_\_\_\_

- G. Additional statements regarding condition, family, support services, etc:

\_\_\_\_\_

Note: Any above answers may be supplemented by attachments.

\_\_\_\_\_  
Date and Time of Evaluation

\_\_\_\_\_  
Licensed Physician Signature

\_\_\_\_\_  
Date of Report

\_\_\_\_\_  
Licensed Physician Print or Type Name