

**PROBATE COURT OF TUSCARAWAS COUNTY,
OHIO JUDGE ADAM W. WILGUS**

THE GUARDIANSHIP OF _____ CASE NO. _____

STATEMENT OF EXPERT EVALUATION

According to the Ohio Revised Code section 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.

This statement of expert 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.

1. Check one:

- This evaluation will be attached to the initial application for guardianship or emergency guardianship and has been completed by a licensed physician or licensed clinical psychologist. All references to "the ward" are to be considered to "the prospective ward."
- This evaluation will be attached to the guardian's annual report and has been completed by a licensed physician, licensed clinical psychologist, licensed independent social worker, licensed professional clinical counselor or member of a mental retardation team within three months of the date of this report.

2. Statement completed by:

Name

Address

Phone

who is a:

- licensed physician licensed psychologist
- licensed clinical social worker
- member of mental retardation team

3. Date and place of evaluation: _____

4. Time spent with ward: _____

5. Length of time ward has been your patient: _____

6. Is the ward medicated? yes no

7. If yes, please listed medications, purpose and dosages (you may attach a printout)

8. Does the medicine appear to cause any physical/mental impairment? If yes, please describe: _____

9. During the examination, did you notice any impairment of the ward's:

	Yes	No
a. Orientation?	<input type="checkbox"/>	<input type="checkbox"/>
b. Speech?	<input type="checkbox"/>	<input type="checkbox"/>
c. Motor behavior?	<input type="checkbox"/>	<input type="checkbox"/>
d. Thought process?	<input type="checkbox"/>	<input type="checkbox"/>
e. Affect?	<input type="checkbox"/>	<input type="checkbox"/>
f. Memory?	<input type="checkbox"/>	<input type="checkbox"/>
g. Concentration and comprehension?	<input type="checkbox"/>	<input type="checkbox"/>
h. Judgment?	<input type="checkbox"/>	<input type="checkbox"/>

10. Please describe in detail any abnormalities noted in question 9: _____

_____.

11. Is the ward mentally impaired? yes no. If yes, indicate the diagnosis below:

- developmental disabilities:
 - profound severe moderate mild
- mental illness, type and severity: _____
- substance abuse, describe: _____.
- dementia, describe: _____.
- autism spectrum disorder, describe: _____.

12. Is the ward physically impaired? yes no. If yes, describe: _____

_____.

13. Are there any special characteristics of the ward that should be considered in light of a requested guardianship/continued guardianship? yes no. If yes, describe: _____

_____.

14. Did you consult any collateral information in conjunction with your evaluation? yes no.
If yes, describe: _____

_____.

15. Is there any indication of abuse, neglect or exploitation of the ward? yes no.
 If yes, explain: _____.
16. Do you believe that this ward, in his/her present condition, is capable of caring for his/her activities of daily living, of making decisions concerning medications and treatments, or of making decisions concerning living arrangements and diet? yes no. If yes, explain: _____
 _____.
17. Do you believe that this ward, in his/her present condition, is capable of handling his/her finances and property? yes no. If yes, explain: _____
 _____.
18. Can you determine the general level of intelligence and functioning of this ward? yes no.
 If yes, explain: _____.
19. Please describe the prognosis of the condition of this ward. _____
 _____.
20. In my opinion, the guardianship should be initiated continued terminated
21. Please make any additional comments here. _____

 _____.

I certify that I have evaluated _____ for the purpose of guardianship.

 Date

 Signature of evaluator