

PROBATE COURT OF MONTGOMERY COUNTY, OHIO
ALICE O. McCOLLUM, JUDGE

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 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 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. Each evaluator should secure payment from 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 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.

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: _____

CASE NO. _____

ADDITIONAL COMMENTS

Date: _____

Signature – Licensed Physician/Clinical Psychologist