

PROBATE COURT OF WAYNE 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).

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

