

**PROBATE COURT OF ALLEN COUNTY, OHIO
GLENN H. DERRYBERRY, JUDGE**

GUARDIANSHIP OF: _____

CASE NO. _____

**COURT INVESTIGATOR'S REPORT ON PROPOSED GUARDIANSHIP
[R.C. 2111.041]**

GENERAL INFORMATION

[To be compiled by Probate Court Investigator]

Individual's age _____ Relationship to applicant _____

Individual's residence _____

Grounds for application (R.C. 2111.01 (D)):

The individual is alleged to be:

- mentally impaired as a result of a mental illness or disability.
- mentally impaired as a result of a physical illness or disability.
- mentally impaired as a result of mental retardation.
- mentally impaired as a result of chronic substance abuse.
- any person confined to a correctional institution within this state.

so that

- the individual is incapable of taking proper care of the individual's self.
- the individual is incapable of taking proper care of the individual's property.
- the individual fails to provide for the individual's family or other individual for whom the person is charged by law to provide.

Documentation submitted and date of evaluation _____

Referral Source: _____

INVESTIGATOR'S REPORT

I. Service of Notice

Made at Individual's home

Made in Hospital, Nursing Facility, or Community-Based Care Facility:

Name of Facility _____

Address of Facility _____

Administrator or representative served _____

Other _____

Date of Service of Notice: _____

Others present during the contact (if yes, list name and relationship) _____

A. Individual's understanding of the concept of guardianship:

Good Fair Poor Unable to determine

Explain: _____

B. Individual's attitude to the concept of guardianship:

Consenting Opposed Unable to determine

Explain: _____

C. Specific requests of the individual concerning enumerated rights: _____

II. Mental and Physical Conditions of Individual

A. Individual's reported mental and physical diagnosis: _____

Individual's reported medications: _____

Reported by whom: _____

B. Mental Status Observations: During interview were impairments noted in the Individual's:

	Yes	No	Unable to Determine
1. Orientation (Person, Place and Time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Thought Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Affect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Concentration & Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain further if necessary: _____

C. Describe the Physical Condition of Individual

- 1. Isolation _____
- 2. Eating Habits _____
- 3. Significant Weight Loss or Gain _____
- 4. Sleep Habits _____
- 5. Motor Behavior _____

Explain further if necessary: _____

D. Describe the Environmental or Living Condition of the Individual:

- 1. Housing & Sanitation _____
- 2. Risk of Accidents _____
- 3. Physical Barriers _____
- 4. Resource Availability _____

Explain further if necessary: _____

III. Functional Capacities

Activities and Instrumental Activities of Daily Living

	Capable	Incapable	Unable to Determine
1. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Transfer from bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| 6. Handling personal finances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Shopping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Driving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Meal preparation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Doing housework | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Using telephone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Taking medications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Explain further if necessary: _____

IV. Additional Items Affecting Guardianship Plan Development

A. Are there any indications or allegations of substance abuse by the individual or significant others that could impact the guardianship issue? Yes No Explain and recommend actions needed:

B. Are there any special characteristics of the individual (including aggressive, violent, or sexual behaviors, or other vulnerabilities) that pose a risk to self or others, which should be considered as guardianship decisions on living arrangements and supervision are made? Yes No Explain and recommend actions needed:

C. Are there any allegations or indications of abuse, neglect, or exploitation of the individual? Yes No Explain and recommend actions needed:

D. Is there a need for additional medical, psychiatric or psychological testing? Yes No If yes, give specific recommendations:

E. Are there inconsistencies between the Expert Evaluation and the Court Investigator's findings that need further review by the Court? Yes No If yes, identify the inconsistencies and make a recommendation(s) to the Court:

F. Are there unresolved issues/conflicts/differences among the parties? Yes No If yes, would mediation be of assistance? Yes No Explain:

G. Is there a power of attorney for financial affairs? Yes No Unknown If yes, where is it located?

Who is the attorney-in-fact? _____

H. Is there a last will and testament? Yes No Unknown

If yes, where is it located? _____

Give name and address of attorney-in-fact: _____

J. Is there an advance directive for mental health care? Yes No Unknown If yes, where is it located?

Give name and address of attorney-in-fact: _____

K. Is the individual a veteran? Yes No

V. RECOMMENDATIONS: Given the above information and Expert Evaluation(s):

A. IS A GUARDIANSHIP NECESSARY?

Yes

Person Only

Estate Only

Person and Estate

Limited List Duties _____

No Explain and recommend a less restrictive alternative: _____

Are any of the mental, physical, or environmental conditions reversible?

Yes No Unknown

If yes, explain and recommend a date for the Court to review the guardianship: _____

B. NECESSITY FOR THE APPOINTMENT OF:

Attorney Independent Expert Evaluator

Are there special urgency needs? Explain: _____

Remarks: _____

CASE NO. _____

I certify that I have served notice to the alleged incompetent as required by statute and I have communicated to the individual in a language and method best understandable by the individual the individual's right to be present at the hearing, the right to contest any application for the appointment of a guardian for his or her person, estate, or both, and the right to be represented by counsel.

Date

Investigator