PROBATE COURT OF TRUMBULL COUNTY, OHIO

JAMES A. FREDERICKA , 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 _____

Individual's highest level of education _____

Individual's marital status _____

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 intellectual disability.
- ☐ 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: _____

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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. What is the individual's attitude towards the applicant serving as guardian?

☐ Consenting ☐ Opposed ☐ Unable to Determine.

Explain _____

_____.

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D. Is there someone other than the applicant that the individual would prefer as guardian?

☐ Yes _____ (name/relationship) ☐ No

Explain _____

_____.

E. 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)	☐	☐	☐
2. Speech	☐	☐	☐
3. Thought Process	☐	☐	☐
4. Affect	☐	☐	☐
5. Memory	☐	☐	☐
6. Concentration & Comprehension	☐	☐	☐
7. Judgment	☐	☐	☐

Explain further if necessary:_____

_____.

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C. Describe the Physical Condition of Individual

1. Isolation _____

2. Eating Habits _____

3. Significant Weight Loss or Gain _____

4. Sleep Habits _____

5. Mobility _____

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	☐	☐	☐
2. Dressing	☐	☐	☐
3. Transfer from bed	☐	☐	☐
4. Toileting	☐	☐	☐

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5. Bathing	☐	☐	☐
6. Handling personal finances	☐	☐	☐
7. Shopping	☐	☐	☐
8. Driving	☐	☐	☐
9. Meal preparation	☐	☐	☐
10. Doing housework	☐	☐	☐
11. Using telephone	☐	☐	☐
12. Taking medications	☐	☐	☐

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 the characteristics and make recommendations:

_____

_____

_____.

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

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_____

_____

_____.

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? _____.

I. Is there a durable power of attorney for health care/living will? 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?_____.

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

_____.

K. Is the individual a veteran? Yes ☐ No ☐

L. Does the individual have regular visitors? Yes ☐ No ☐

Source of the Information: _____.

M. If yes, who: _____.

Relationship of visitor(s) to individual: _____.

N. Did the individual express a desire to have visitors? Yes ☐ No ☐

If yes, who? _____.

If no, why not? _____.

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(s): _____

_____

B. NECESSITY FOR THE APPOINTMENT OF:

Attorney Independent Expert Evaluator

Are there special urgency needs? Explain: _____

_____

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C. VISITATION RECOMMENDATION: _____

Remarks:

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