

**JAMES A. FREDERICKA, JUDGE**  
**TRUMBULL COUNTY PROBATE COURT**  
161 High Street  
Warren, Ohio 44481  
(330) 675-2521  
fax: 675-3024  
[www.trumbullprobate.org](http://www.trumbullprobate.org)

**GUARDIANSHIP OF AN INCOMPETENT ADULT**

**What it will cost:** The court collects a deposit when the application is filed: person only: \$161.00, estate only: \$161.00, person & estate: \$161.00.

**\*\*The Probate Court accepts payment by cash, check, and money order only. The Court does not accept payment by debit or credit cards.\*\***

**What to expect:** The applicant will need to complete the packet of forms. Please note: The proposed ward must be a resident of Trumbull County. If applying for guardian of the estate, the applicant must be a resident of Ohio. Please type or print legibly in blue or black ink and sign where indicated; these are official court documents.

The Statement of Expert Evaluation must be completed and signed by either a licensed physician or a licensed clinical psychologist. (A statement of expert evaluation signed by an LSW, LISW, CNP, LPN or RN is not sufficient under Ohio law.) The statement of evaluation does not declare the subject incompetent, but is considered by the court as evidence of incompetency. Once this evaluation is filed with the court, it becomes confidential and accessible by court order only.

Once the application has been accepted for filing, the application is docketed and sent to the Assignment Clerk to schedule a hearing. A hearing is generally scheduled within three to four weeks. You will be notified by mail of the hearing date and time.

The applicant will need to submit to a criminal background check with the Trumbull County Sheriff's Department. The applicant must call the Sheriff's Department at 330-675-2540 for an appointment. The applicant will take the consent form and \$35.00 to the Sheriff's Department at the scheduled time. Results will be sent to the probate court.

The Probate Court will appoint a court investigator to personally serve notice to the proposed ward. **All applicants for appointment of a guardian shall make arrangements to meet with the Court Investigator and review Courtwise, the Adult Guardianship Manual, the Ohio Guardianship Guide, the Guardian Dos and Don'ts and the "A Guardian's Helping Hands" video prior to the hearing on appointment. All are available on our website at [www.trumbullprobate.org/guardianships](http://www.trumbullprobate.org/guardianships).** The Court Investigator may discuss with the applicant lesser restrictive alternatives.

On the day of the hearing, the applicant should arrive 10 to 15 minutes early and check in with the Probate Court's receptionist at the front office.

At the hearing, the Judge or Magistrate will review the application and review the guardian's duties. If the application is granted, you will sign an Oath of Guardian and receive your Letters of Guardianship. (If the guardianship is contested by the proposed ward or another applicant, an evidentiary hearing will be needed.)

Dear Applicant:

In addition to completing the requested forms for Guardianship, an appointment with the Court Investigator **MUST** be scheduled at least two (2) weeks prior to the hearing date. Please call the Probate Court (330) 675-2521 and ask to speak with the Court Investigator.

Failure to schedule an appointment will result in the hearing being rescheduled for a later date or your application being dismissed.

# WEBCHECKS/ BACKGROUND CHECKS

- If you are required to have a WEBCHECK/background check, you must go to the Trumbull County Sheriff's Department to have the check completed.
- The Trumbull County Sheriff's Department is a separate department from the Trumbull County Probate Court. The Trumbull County Sheriff's Department sets the hours for completing the checks.
- Please **call the Trumbull County Sheriff's Department at (330) 675-4040** for up to date information about when you can have your WEBCHECK/background check completed.
- The Trumbull County Sheriff's Department is located at the Trumbull County Jail, 150 High Street, Warren, Ohio 44481.
- The Trumbull County Sheriff reports that the cost for checks will range from \$35.00 to \$75.00, depending upon the type of check that must be performed.
- If you have questions or concerns about getting the WEBCHECK/background check completed or the transmission of your results, please call the Trumbull County Sheriff's Department at **(330) 675-4040**.

IN THE MATTER OF: ) CASE NO.  
 )  
 )

I, the undersigned, hereby authorize the Trumbull County Sheriff's Department to perform a criminal background check using the WEBCHECK system, to have the results sent directly to the Trumbull County Probate Court to become a permanent part of the Court's file.

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**\*\*\*\*\*PROBATE COURT OF TRUMBULL COUNTY, OHIO  
JAMES A. FREDERICKA, JUDGE**

**IN THE MATTER OF THE GUARDIANSHIP OF** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**APPLICATION FOR APPOINTMENT OF GUARDIAN  
OF ALLEGED INCOMPETENT  
[R.C. 2111.03]**

Applicant represents to the Court that \_\_\_\_\_ resides or has a legal  
settlement at \_\_\_\_\_ in \_\_\_\_\_ County, Ohio and that  
the prospective ward is incompetent by reason of (R.C. 2111.01(D)) \_\_\_\_\_  
\_\_\_\_\_.

The proposed ward's date of birth is \_\_\_\_\_.

A Statement of Expert Evaluation is attached. (Form 17.1)

A list of Next of Kin of Proposed Ward is also attached. (Form 15.0)

The whole estate of the prospective ward is estimated as follows:

Personal Property.....\$ \_\_\_\_\_

Real Estate.....\$ \_\_\_\_\_

Annual Rents.....\$ \_\_\_\_\_

Other annual income.....\$ \_\_\_\_\_

Applicant represents that the applicant is not an administrator, executor or other fiduciary of the estate wherein  
the alleged incompetent is interested.

Applicant offers the attached bond in the amount of \$ \_\_\_\_\_.

Applicant further represents that a guardian of the alleged incompetent is necessary in order that  
☐ the ward ☐ ward's property may be taken proper care of and asks that a guardian be appointed.

TYPE OF GUARDIANSHIP APPLIED FOR IS [check the applicable boxes]

☐ non-limited      ☐ limited      ☐ person and estate      ☐ estate only      ☐ person only

If limited guardianship is applied for, the limited powers requested are

\_\_\_\_\_  
\_\_\_\_\_.

**CASE NO.** \_\_\_\_\_

The time period requested is ☐ indefinite ☐ definite to \_\_\_\_\_.

Applicant's relationship to alleged incompetent is \_\_\_\_\_.

The Applicant has (not) been charged with or convicted of a crime involving theft, physical violence, or sexual, alcohol or substance abuse except as follows (if applicable, state date and place of each charge or each conviction.)

\_\_\_\_\_.

☐ The Applicant represents that a guardian has been nominated in a writing pursuant to R.C. 1337.12(E) or R.C. 2111.121. The nominated person is \_\_\_\_\_.

☐ The nominated person's contact information is listed on Form 15.0 (Next of Kin).

☐ A copy of the document which nominates the guardian is attached.

☐ The Applicant represents that the proposed ward had military service.

Military I.D.: \_\_\_\_\_

Branch of service: \_\_\_\_\_

Dates of service: \_\_\_\_\_

☐ Applicant represents that the address provided is the applicant's permanent address and acknowledges the requirement that the court be notified of any change of address. Removal may result from a failure to comply with this requirement.

☐ Applicant is currently guardian for the following number of wards: \_\_\_\_\_ Person & Estate  
 \_\_\_\_\_ Person Only  
 \_\_\_\_\_ Estate Only

\_\_\_\_\_  
 Attorney for Applicant

\_\_\_\_\_  
 Applicant

\_\_\_\_\_  
 Typed or Printed Name

\_\_\_\_\_  
 Typed or Printed Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Age

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Permanent Address

\_\_\_\_\_  
 Telephone Number (include area code)

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Attorney Registration No.

\_\_\_\_\_  
 Telephone Number (include area code)

**PROBATE COURT OF TRUMBULL COUNTY, OHIO**  
**JAMES A. FREDERICKA, JUDGE**

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_  
CASE NO. \_\_\_\_\_

APPLICATION FOR APPOINTMENT OF GUARDIAN  
OF AN ALLEGED INCOMPETENT  
(ADDENDUM)

If the alleged incompetent is currently living at an address **different** from the residence stated  
please specify:

---

---

Names of a person **other than the alleged incompetent** who may be contacted at the address  
where the alleged incompetent is living:

|            |                    |
|------------|--------------------|
| <hr/> NAME | <hr/> PHONE NUMBER |
|------------|--------------------|

List any agencies, either private or public, who may have knowledge of the alleged incompetent,  
and may be of assistance in determining the need for the guardianship:

---

---

List any problems the alleged incompetent may have in communicating:

---

---

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DAYTIME PHONE NUMBER

**PROBATE COURT OF TRUMBULL COUNTY, OHIO**  
**JAMES A. FREDERICKA, JUDGE**

**IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_**  
**CASE NO. \_\_\_\_\_**

**APPLICANT QUESTIONNAIRE**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation/Employment: \_\_\_\_\_

1. What is your relationship to the individual? \_\_\_\_\_
2. Are you a service provider to the individual? Yes \_\_\_\_ No \_\_\_\_ If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_
3. How long have you known the individual? \_\_\_\_\_  
Describe the relationship with the individual, including how long you have known him/her,  
how often you meet, and activities when you meet. \_\_\_\_\_  
\_\_\_\_\_
4. Did anyone recommend that a guardianship application be filed? Yes \_\_\_\_ No \_\_\_\_  
If Yes, who recommended and why? \_\_\_\_\_  
\_\_\_\_\_
5. What do you believe are the behaviors that make the appointment of a guardian necessary?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What solutions to these problems have been tried before filing for guardianship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Why do you want to become guardian of the individual? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Are you in sufficiently good health and with sufficient energy to meet guardianship  
duties? Yes \_\_\_\_ No \_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_



9. Do you know of anyone else who would also be interested in becoming the guardian or will be helping you fulfill guardianship responsibilities? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:

---

---

10. In general, what is your plan for overseeing the care of the individual? \_\_\_\_\_

---

---

---

- a. Do you have sufficient time to fulfill guardianship duties? Yes \_\_\_\_\_ No \_\_\_\_\_

---

---

- b. Are you familiar with her/his medical problems and medications? Yes \_\_\_\_\_ No \_\_\_\_\_

---

- c. List the names of any community service providers and the nature of the services they provide. (APS, VNA, Senior Services, etc.) \_\_\_\_\_

---

- d. Where will the individual live? \_\_\_\_\_

---

- e. Is this an adequate setting? \_\_\_\_\_

- f. Does this setting meet the needs of the individual? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

---

- g. What is the distance from your residence? \_\_\_\_\_

- h. How often do you plan to visit, and how will you oversee these living arrangements?

---

- i. Have social activities, recreation and entertainment been considered? Explain:

---

- j. How will transportation for medical care, recreation, etc. be handled?

---

- k. If individual will be living with you, what arrangements can you make to take time off from these responsibilities/care? \_\_\_\_\_

---

---

**11. Mental Status Observation Checklist:** Record your observational impressions on a scale of 1 for significant impairment to 5 for average/normal functioning. Comment where helpful. (Circle ratings)

|   | Comments |
|---|----------|
| a) Orientation (Person, Place and Time) | _____    |
| b) Speech -----                         | _____    |
| c) Motor Behavior -----                 | _____    |
| d) Thought Process -----                | _____    |
| e) Affect -----                         | _____    |
| f) Memory-----                          | _____    |
| g) Concentration & Comprehension---     | _____    |
| h) Judgment -----                       | _____    |

11. Is the individual aware of the plans for guardianship as outlined in the above information, and is he/she in agreement? Yes \_\_\_\_ No \_\_\_\_ Explain: \_\_\_\_\_  
 \_\_\_\_\_

13. Do you currently have a power of attorney for the individual? Yes \_\_\_\_ No \_\_\_\_  
 If yes, describe: \_\_\_\_\_

14. Do you now or have you ever assisted the individual with his/her finances? Explain  
 \_\_\_\_\_

15. Have you been charged with or convicted of a crime? Yes \_\_\_\_ No \_\_\_\_

16. Is the individual a veteran? Yes \_\_\_\_ No \_\_\_\_

17. Have you ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_  
 If Yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

Remarks:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Completed By

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Printed Name

**PROBATE COURT OF TRUMBULL COUNTY, OHIO**  
**JAMES A. FREDERICKA, JUDGE**

**IN THE MATTER OF THE GUARDIANSHIP OF** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**NEXT OF KIN OF PROPOSED WARD**

[R.C. 2111.04]

(NOTE: Specify age and birthdate of each minor under 16 on the line containing the minor's name. List the name and address of the minor's parent, guardian or custodian on the name and address lines following the minor's address.)

| Service<br>Waived | Relationship  | Birthdate<br>Of Minor |
|-------------------|---------------|-----------------------|
| 1. [ ]            | Name _____    | _____                 |
|                   | Address _____ | Zip _____             |
| 2. [ ]            | Name _____    | _____                 |
|                   | Address _____ | Zip _____             |
| 3. [ ]            | Name _____    | _____                 |
|                   | Address _____ | Zip _____             |
| 4. [ ]            | Name _____    | _____                 |
|                   | Address _____ | Zip _____             |
| 5. [ ]            | Name _____    | _____                 |
|                   | Address _____ | Zip _____             |
| 6. [ ]            | Name _____    | _____                 |
|                   | Address _____ | Zip _____             |
| 7. [ ]            | Name _____    | _____                 |
|                   | Address _____ | Zip _____             |
| 8. [ ]            | Name _____    | _____                 |
|                   | Address _____ | Zip _____             |
| 9. [ ]            | Name _____    | _____                 |
|                   | Address _____ | Zip _____             |
| 10. [ ]           | Name _____    | _____                 |
|                   | Address _____ | Zip _____             |

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

**PROBATE COURT OF TRUMBULL COUNTY, OHIO  
JAMES A. FREDERICKA, JUDGE**

**IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_**  
**CASE NO. \_\_\_\_\_**

**WAIVER OF NOTICE AND CONSENT**

We, the undersigned, do each of us hereby waive the issuing and service of notice, and voluntarily enter our appearance herein.

We do hereby consent to the appointment of \_\_\_\_\_

or some suitable person as guardian of \_\_\_\_\_

\_\_\_\_\_

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

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

**PROBATE COURT OF TRUMBULL COUNTY, OHIO**  
**JAMES A. FREDERICKA, JUDGE**

**IN THE MATTER OF THE GUARDIANSHIP OF** \_\_\_\_\_  
**CASE NO.** \_\_\_\_\_

**FIDUCIARY'S ACCEPTANCE**

**GUARDIAN**

(R.C. 2111.14)

I, the undersigned, hereby accept the duties which are required of me by law, and such additional duties as are ordered by the Court having jurisdiction.

**AS GUARDIAN OF THE ESTATE, I WILL:**

1. Make and file an inventory of the real and personal estate of the ward within 3 months after my appointment.
2. Deposit funds which come into my hands in a lawful depository located within this state.
3. Invest surplus funds in a lawful manner.
4. Make and file an account biennially, or as directed by the Court.
5. File a final account within 30 days after the guardianship is terminated.
6. Inventory any safe deposit box of the ward.
7. Preserve any and all Wills of the Ward as directed by the Court.
8. Expend funds only upon written approval of the Court.
9. Make and file a guardian's report biennially, or as directed by the Court.

**AS GUARDIAN OF THE PERSON, I WILL:**

1. Protect and control the person of my ward, and make all decisions for the ward based upon the best interest of the ward.
2. Provide suitable maintenance for my ward when necessary.
3. Provide such maintenance and education for my ward as the amount of his estate justifies if the ward is a minor and has no father or mother, or has a father or mother who fails to maintain or educate him/her.
4. Make and file a guardian's report biennially, or as directed by the Court.
5. Obey all orders and judgments of the Court pertaining to the guardianship.
6. Obtain the written approval of the Court before executing a caretaker power of attorney authorized by R.C. 3109.52

**If I change my address or the ward's address, I shall immediately notify Probate Court in writing.**  
I acknowledge that I am subject to removal as such fiduciary if I fail to perform such duties. I also acknowledge that I am subject to possible penalties for improper conversion on the property which I hold as such fiduciary.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fiduciary

In the Court of Common Pleas  
Probate Division  
Trumbull County, Ohio

AUTHORIZATION

I, the undersigned, hereby authorize the Court Investigator of the Trumbull County Probate Court to perform a police background check with any local, state or federal police department or agency as part of my application to be appointed guardian of

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
**For Investigator's Use Only:**

**Verification:**

\_\_\_\_\_  
Source

\_\_\_\_\_  
Date

**Findings:**

\_\_\_\_\_

**PROBATE COURT OF TRUMBULL COUNTY, OHIO**  
**JAMES A. FREDERICKA, JUDGE**

**IN THE MATTER OF THE GUARDIANSHIP OF** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**GUARDIAN'S BOND**

(R.C. 2109.04 (A)(1))

Amount of this Bond \$ \_\_\_\_\_

The undersigned principal, and sureties if any, are obligated to the State of Ohio in the above among, for payment of which we bind ourselves and our successors, heirs, executors, and administrators, jointly and severally.

The principal has accepted in writing the duties of fiduciary in ward's estate, including those imposed by law and such additional duties as may be required by the Court.

This obligation is void if the principal performs such duties as required.

This obligation remains in force if the principal fails to perform such duties, or performs them tardily, negligently, or improperly, or if the principal misuses or misappropriates estate assets or improperly converts them to his own use or the use of another.

[check if personal sureties are involved.]      the sureties certify that each of them owns real estate in this county, with a reasonable net value as stated below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Surety

By \_\_\_\_\_  
Attorney in Fact

By \_\_\_\_\_  
Attorney in Fact

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Net value of real estate owned in this county

\_\_\_\_\_  
Net value of real estate owned in this county

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**PROBATE COURT OF TRUMBULL COUNTY, OHIO**  
**JAMES A. FREDERICKA, JUDGE**

**IN THE MATTER OF THE 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 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."

The Statement of 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. \_\_\_\_\_

4. Is the individual presently under medication? ☐ Yes ☐ No If yes, what is the medication, dosage, and purpose?

\_\_\_\_\_

Are there any signs of physical and/or mental impairments caused by the medications themselves? \_\_\_\_\_

\_\_\_\_\_

5. Is the individual mentally impaired? ☐ Yes ☐ No If yes, indicate the diagnosis below:

☐ Mental Retardation/Developmental Disabilities:

☐ Profound

☐ Severe

☐ Moderate

☐ Mild

☐ Mental Illness: Type and Severity \_\_\_\_\_

☐ Substance Abuse: Description \_\_\_\_\_

☐ Dementia: Description \_\_\_\_\_

☐ Other: Description \_\_\_\_\_

Please provide additional comments and test scores if available. (Continue comments on page 4): \_\_\_\_\_

\_\_\_\_\_

6. During the examination did you notice an impairment of the individual's:

|                                    |                              |                             |                                  |
|------------------------------------|------------------------------|-----------------------------|----------------------------------|
| a) Orientation                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| b) Speech                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| c) Motor Behavior                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| d) Thought Process                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| e) Affect                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| f) Memory                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| g) Concentration and comprehension | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| h) Judgment                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

7. Please describe any impairments identified in question six. (Continue comments on page 4).

\_\_\_\_\_

CASE NO. \_\_\_\_\_

8. Is the individual physically impaired? ☐ Yes ☐ No If yes: Description \_\_\_\_\_
9. Are there any special characteristics of the individual which should be considered in evaluating the individual for guardianship: ☐ Yes ☐ No If yes: Explain \_\_\_\_\_
10. Are there any indication of abuse, neglect or exploitation of the individual? ☐ Yes ☐ No  
If yes: Explain \_\_\_\_\_
11. Do you believe the individual is capable of caring for the individual's activities of daily living or making decisions concerning medical treatments, living arrangements and diet? ☐ Yes ☐ No  
If no: Explain \_\_\_\_\_
12. Do you believe this individual is capable of managing the individual's finances and property?  
☐ Yes ☐ No If no: Explain \_\_\_\_\_
13. Prognosis:  
A. Is the condition stabilized? ☐ Yes ☐ No  
B. Is the condition reversible: ☐ Yes ☐ No
14. In my opinion a guardianship should be:  
☐ Established/Continued  
☐ Denied/Terminated

I certify that I have evaluated the individual on \_\_\_\_\_, 20

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Evaluator

### GUARDIAN'S REPORT ADDENDUM

(Not to be used with initial Application)

It is my opinion, based upon a reasonable degree of medical or psychological certainty, that the mental capacity of this ward will not improve.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature – Licensed Physician/Clinical Psychologist

