

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, 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"/>	<input type="checkbox"/>
2. Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Thought Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Affect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Concentration & Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Judgment	<input type="checkbox"/>	<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
- 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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? \_\_\_\_\_.

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 \_\_\_\_\_

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No Explain and recommend a less restrictive alternative: \_\_\_\_\_

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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. \_\_\_

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**B. NECESSITY FOR THE APPOINTMENT OF:**

Attorney  Independent Expert Evaluator

Are there special urgency needs? Explain: \_\_\_\_\_

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Remarks:

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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