

**PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, 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 _____

Individual's job history _____

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: _____

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 Weigh Loss or Gain _____
4. Sleep Habits _____
5. Mobility/any issues _____

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"/>

	Capable	Incapable	Unable to Determine
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 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

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 Evaluations(s):

A. IS A GUARDIANSHIP NECESSARY?

- Yes
 - Person Only
 - Estate Only
 - Person and Estate List Duties _____
 - Limited
- No

Explain and recommend any less restrictive alternative(s): _____

B. NECESSITY FOR THE APPOINTMENT OF:

- Attorney Independent Expert Evaluator

Are there special urgency needs? Explain: _____

C. VISITATION RECOMMENDATION:

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