

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 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. 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: \_\_\_\_\_

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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 \_\_\_\_\_

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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: \_\_\_\_\_

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#### 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:

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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:

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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:

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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:

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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 \_\_\_\_\_

☐ 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. \_\_\_\_\_

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

Attorney ☐ Independent Expert Evaluator ☐

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

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