

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

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

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

**SUPPLEMENT FOR EMERGENCY GUARDIAN OF PERSON**

[R.C. 2111.49]

This Supplement must be completed when there is a request for Emergency Guardianship. The following questions must be answered with specificity and item 1.C, page 1 of the Statement of Expert Evaluation, Form 17.1 must be checked.

A. Does the individual have a durable health care power of attorney? \_\_\_\_\_ If yes, why is it not being honored?

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

B. Exact nature of emergency: \_\_\_\_\_

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

C. Length of time emergency has existed, and why? \_\_\_\_\_

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

D. Specific action required to prevent significant injury to the person: \_\_\_\_\_

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

E. Ability of the alleged Incompetent to receive notice and give consent: \_\_\_\_\_

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

F. Medical prognosis in detail if immediate action, within 24 hours, is not taken: \_\_\_\_\_

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

G. Additional statements regarding condition, family, support services, etc: \_\_\_\_\_

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

Note: Any above answers may be supplemented by attachments.

\_\_\_\_\_  
Date and Time of Evaluation

\_\_\_\_\_  
Licensed Physician

\_\_\_\_\_  
Date of Report