FORM MUST BE TYPEWRITTEN OR CAN BE FILLED IN ON-LINE USING THE FORM AT THE COURT'S WEBSITE

PROBATE COURT OF BUTLER COUNTY, OHIO

JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF 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 Signature - Licensed Physician

_____

Date of Report