

PROBATE COURT OF ROSS COUNTY, OHIO

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

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

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