

**PROBATE COURT OF GEAWA COUNTY, OHIO**  
**JUDGE TIMOTHY J. GRENDALL**

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