

**PROBATE COURT OF MEDINA COUNTY, OHIO**

**IN THE MATTER OF THE EMERGENCY GUARDIANSHIP OF:**

\_\_\_\_\_

**Case No.**

**SUPPLEMENT FOR EMERGENCY GUARDIANSHIP OF PERSON  
[R.C. 2119.49]**

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 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 of Licensed Physician

\_\_\_\_\_

Date of Report

\_\_\_\_\_

Typed or printed name of Physician