



# COURT ANGEL

A Stark County Probate Court Volunteer Program

**JUDGE DIXILENE PARK**  
**CAITLIN PATRICK, JUDICIAL ATTORNEY**

# WHAT IS THE COURT ANGEL PROGRAM?

- Volunteer based guardianship monitoring program
- Confirms Wards' well-being
- Ensures Guardians receiving adequate support and are referred to available resources

WARD

GUARDIAN



COURT ANGEL

A Stark County Probate Court Volunteer Program



# A VOLUNTEER VISITOR PROGRAM

## VOLUNTEERS

- Undergo criminal background check
- Attend training
- Supported by Court Personnel
- Communicate with Guardians
- Visit with Wards
- Complete Reports

## PROBATE COURT

- Train Volunteers
- Support Volunteers
- Hold Quarterly meetings
- Review Volunteer Reports & Recommendations
- Follow up: Re-visit by Bailiff or Court Investigator; Review Hearing; Court Orders

# *WHY* DO WE NEED COURT ANGELS?

- More than 47,000 guardianship cases statewide December 2017
- Guardians of the Wards are comprised of family members, friends, or *professional* guardians
- Professional guardians may be social workers or attorneys.

# PROGRAM GOALS

## Detect/Prevent:

- \*Abuse
- \*Neglect
- \*Exploitation

## • Support:

- \*Wards
- \*Guardians
- \*Caregivers
- \*Family

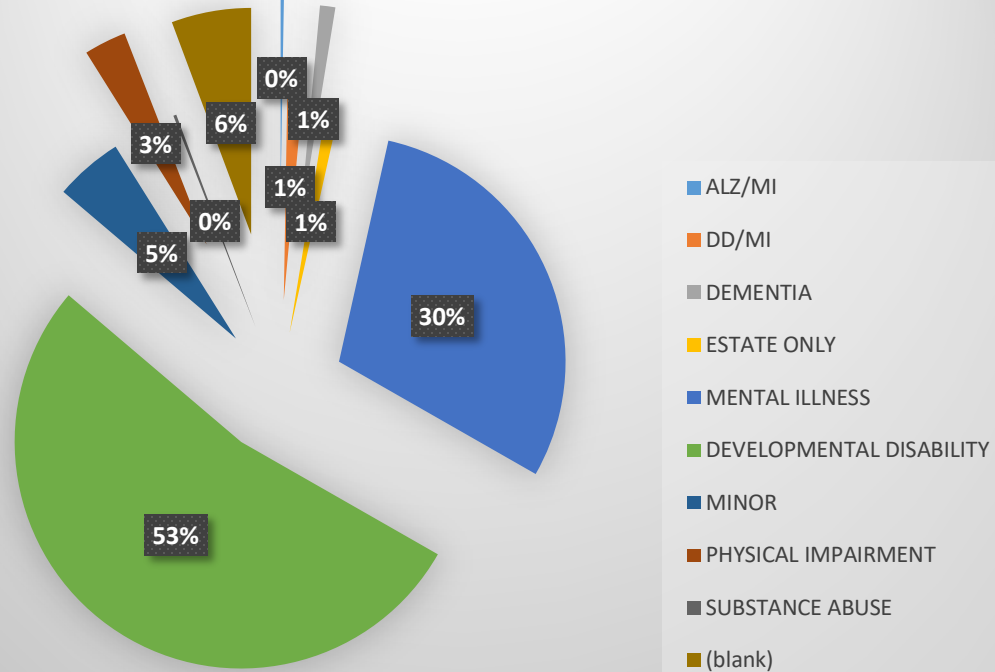
## • Visits:

- \*Visit each ward at least once per year
- \*Visits to date: 3000+ wards visited

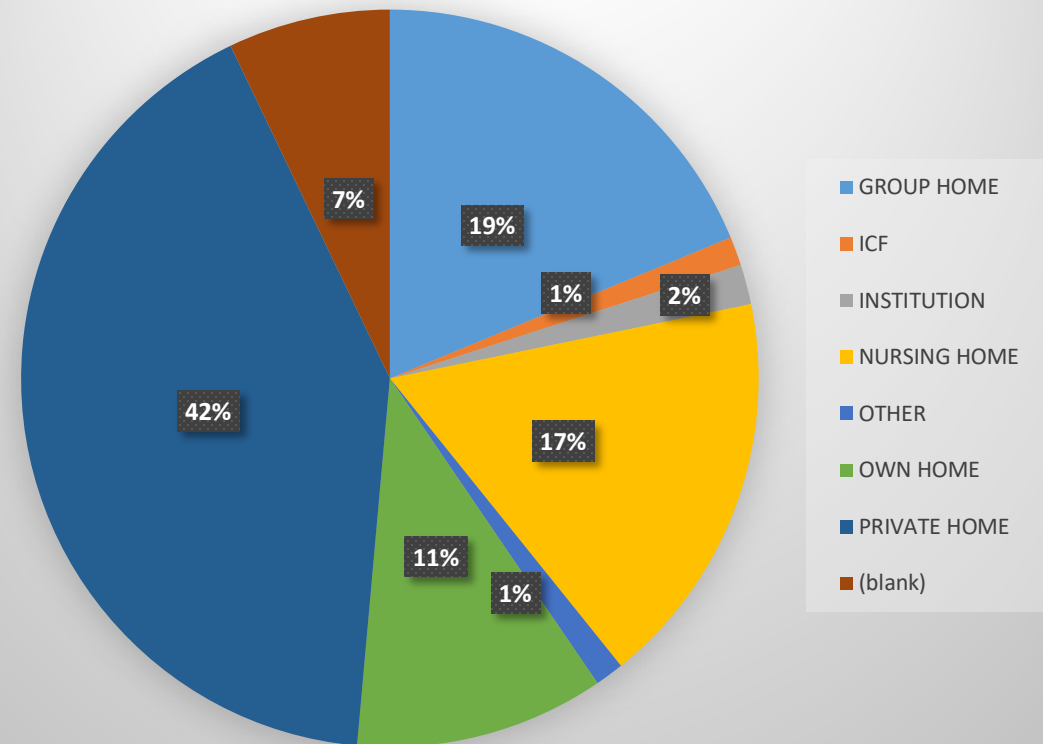
# ADULT WARDS UNDER GUARDIANSHIP

## +1800 WARDS IN STARK COUNTY, OHIO

### Adult Ward Incompetency Diagnoses



### Adult Ward Residences





# WHAT DOES A COURT ANGEL DO?

Court Angels devote 4 to 8 hours per month by:

- Stopping by the Court to sign out a prepared case summary - complete with information needed;
- Calling the Guardian to make an appointment;
- Visits with and interviews the Guardian and the Ward – a sort of wellness check;
- Returns to the Court to submit the Court Angel's Report
  - 3 different locations & via email



# 103 TRAINED VOLUNTEERS

## Common Backgrounds

- Nursing
- Social Work
- Health Care Administration
- Psychology
- Ministry
- Education

## Students

- Gerontology
- Psychology
- Social Work
- Nursing
- Human Development & Family Studies

# 4 PARTS OF A COURT ANGEL FILE

- Cover Form/Case Summary
- Judgment Entry
- Guardian's Report
- Statement of Expert Evaluation

# COURT ANGEL COVER FORM

COURT ANGEL COVER FORM	
Probate Case Number _____	
<b>Guardian:</b> _____ <input type="radio"/> Advocacy Protective Services, Inc. <input type="radio"/> Coleman Professional Services <input type="radio"/> Guardian Support Services, Inc.	<b>Ward:</b> _____
<b>Address:</b> _____ _____ _____	<b>Address:</b> _____ _____ _____
<b>Telephone:</b> _____	<b>Facility (if any):</b> _____
<b>Date Guardianship Filed:</b> _____	<b>Telephone:</b> _____
<b>Name of Researcher:</b> _____	<b>Workshop:</b> <input type="radio"/> Yes <input type="radio"/> No <b>Home After:</b> _____ <input type="radio"/> Verbal <input type="radio"/> Non-verbal
<b>Date Confirmed:</b> _____	<b>Date Expert Waived (if applicable):</b> _____
<b>Notes of Interest:</b>   	





THE COURT OF COMMON PLEAS  
**Stark County Probate Court**



**HON. DIXIE PARK**  
PROBATE JUDGE

Chris Doe  
123 Main Street NW  
Anytown, Ohio 43210

**In Re: Guardianship of: Alex Doe**  
**Case No. 123456**

Dear Guardian,

The Stark County Probate Court has a program to monitor the more than 1700 guardianships that are in Stark County. The Court has a group of volunteers called "Court Angel Visitors" who have been trained by the Court. One of these volunteers will soon contact you in order to visit with your ward and talk to you and others involved with your ward's care. Following the visit, the Court Angel Visitor will report his or her observations to the Court.

In the near future, a Court Angel Visitor will be calling you to make arrangements for meeting with you and your ward. Your cooperation will be invaluable in helping the Court Angel provide the Court with an accurate picture of this guardianship.

Should you have any questions, you may call Theresa A. Wolf, 330-451-7955.

Very truly yours,

Hon. Dixie Park  
Probate Judge

DNP/blk

# LETTER TO GUARDIAN

# PROBATE COURT OF STARK COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF: ALEX DOE  
CASE NO. 123456

## JUDGMENT ENTRY APPOINTING COURT ANGEL VISITOR

This matter came on to be heard this day upon the Court's own motion. The Court finds that as the superior guardian a Court Angel Visitor is necessary to inquire into the circumstances of the within guardianship.

It is **ORDERED, ADJUDGED AND DECREED:**

- I. That a Court Angel Visitor is hereby appointed in this case and shall inquire into the current circumstances of the within ward and Guardian. This appointment shall continue until further order of the Court.
2. That the Court Angel Visitor shall make a written report to the Court of all relevant information concerning this guardianship.
3. That all persons involved with the guardianship shall cooperate with and assist the Court Angel Visitor in this information gathering function.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HON. DIXIE PARK  
PROBATE JUDGE

# JUDGMENT ENTRY

# GUARDIAN'S REPORT

- Guardians file an annual report in a form prescribed by the Court.
- Information includes addresses, number of times Guardian has had contact with Ward and any major changes
- Opinion of Guardian about continuation of Guardianship

**PROBATE COURT OF STARK COUNTY, OHIO**  
DIXIE PARK, JUDGE

GUARDIANSHIP OF \_\_\_\_\_  
CASE NO. \_\_\_\_\_

**GUARDIAN'S REPORT**  
(R.C. 2111.49)

NOTE: If allotted space is inadequate to respond, write "See Exhibit" in the space and add appropriate exhibit letter sequence, then attach exhibit containing information requested for that space.

1. This is the **(circle one)**: 1st, 2nd, 3rd, 4th, 5th, 6th, or \_\_\_\_\_, Guardian's Report.

2. Ward's present address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Telephone( \_\_\_\_\_ ) \_\_\_\_\_

3. Ward's living arrangements at the above address are best described as:

☐ a. His or her own apartment or home (includes assisted living facilities).

☐ b. Private home or apartment of:

☐ (1) the ward's guardian

☐ (2) a relative of the ward, whose name is \_\_\_\_\_  
and relationship is \_\_\_\_\_

☐ (3) a non-relative whose name is \_\_\_\_\_

☐ c. A foster group or boarding home



# STATEMENT OF EXPERT EVALUATION

- When a Guardianship is filed, documentation from a licensed professional is needed for the Court to determine if the proposed Ward is incompetent.
- Updated annually.

## PROBATE COURT OF STARK COUNTY, OHIO

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

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

### STATEMENT OF EXPERT EVALUATION

[Sup. R. 66 & R.C. 2111.49]

Definition of Incompetent (R.C. 2111.01(D)): "Incompetent" means any person who is so mentally impaired as a result of a mental or physical illness or disability, or mental retardation, or as a result of chronic substance abuse, that the person is incapable of taking proper care of the person's self or property or fails to provide for the person's family or other persons for whom the person is charged by law to provide, or any person confined to a correctional institution within this State."

The Statement of Evaluation does not declare the individual competent or incompetent, but is evidence to be considered by the Court. The fee for completing this evaluation **WILL NOT** be paid by the Probate Court. Each evaluator should secure payment from the Applicant/Guardian.

1. This Statement of Expert Evaluation is to be filed with or attached to:

- ☐ A. Guardianship Application: Completed by ☐ Licensed Physician or ☐ Licensed Clinical Psychologist prior to the filing and attached to the application.
- ☐ B. Guardian's Report: Completed by ☐ Licensed Physician ☐ Licensed Clinical Psychologist  
☐ Licensed Independent Social Worker ☐ Licensed Professional Clinical Counselor or  
☐ Mental Retardation Team.  
The evaluation or examination shall be completed within three months prior to the date of the Report. R.C. 2111.49
- ☐ C. Application for Emergency Guardian: ☐ of the person: a Licensed Physician shall complete the Supplement for Emergency Guardian, form 17.1A with specificity indicating the emergency, and why immediate action is required to prevent significant injury to the person. The Supplement shall be signed, dated, and attached as part of this completed Statement.


# REPORTING FORM

- Overall Assessment of Ward's Care

Recommendations and Comments

Name of Volunteer: \_\_\_\_\_ Date Returned: \_\_\_\_\_

**REPORTING FORM  
COURT ANGEL PROGRAM  
SUMMARY REPORT TO THE COURT**



In the Matter of \_\_\_\_\_ Case # \_\_\_\_\_  
First Name Last Name

In this section, record your overall assessment of the ward's care by checking one of the options in the chart. If you indicate that further action is needed, please specify in the comments section what that action should be.

Ward's overall care is:	No further action recommended	Further action needed
Superior	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory	<input type="checkbox"/>	<input type="checkbox"/>
Marginal	<input type="checkbox"/>	<input type="checkbox"/>
Unacceptable	<input type="checkbox"/>	<input type="checkbox"/>

Definitions of care levels:  
**Superior:** Care is better than adequate; beyond meeting the basic needs of the ward; extra assistance is provided. May be exemplary in one or more ways.  
**Satisfactory:** Care is adequate to meet housing, socialization, and if applicable, habitation needs of the ward.  
**Marginal:** Overall care is less than adequate but not dangerous to the ward.  
**Unacceptable:** Inadequate care is causing or about to cause a serious negative effect on the ward's health or welfare; remedial action is necessary.

**VOLUNTEER RECOMMENDS THE FOLLOWING ACTION BY THE COURT:**

1. <input type="checkbox"/> No further action required.	<u>Specific comments by volunteer:</u> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
2. <input type="checkbox"/> Ward should be visited again on: _____	
3. <input type="checkbox"/> Letter or call requesting information from Guardian.	
4. <input type="checkbox"/> Letter or call advising Guardian of resources.	
5. <input type="checkbox"/> Letter requesting plan for improvements from Guardian.	
6. <input type="checkbox"/> Letter requesting Guardian to take action within a specific time.	
7. <input type="checkbox"/> Appoint volunteer or GAL for further investigation	
8. <input type="checkbox"/> Referral to another agency. (APS, DDS).	
9. <input type="checkbox"/> Order for Guardian to appear at hearing	
10. <input type="checkbox"/> Emergency appointment of new Guardian.	
11. <input type="checkbox"/> Removal of Guardian - new Guardian appointed.	
12. <input type="checkbox"/> Termination of guardianship/restoration.	
13. <input type="checkbox"/> Other	

**For Court Use Only:**

1. <input type="checkbox"/> No action needed.	_____
2. <input type="checkbox"/> Action needed; agree with volunteer recommendations.	
3. <input type="checkbox"/> Action needed; different from volunteer recommendations.	
4. <input type="checkbox"/> Action recommended; no action needed.	

# INFORMATION FROM GUARDIAN

- Volunteer inputs details about the relationship between the Guardian and the Ward.

**GUARDIAN'S NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Guardian of: ☐ Person ☐ Estate ☐ Both

7. Guardian's relationship to ward:

a. <input type="checkbox"/> spouse	e. <input type="checkbox"/> friend
b. <input type="checkbox"/> parent of ward	f. <input type="checkbox"/> private attorney
c. <input type="checkbox"/> child of ward	g. <input type="checkbox"/> public guardian or agency
d. <input type="checkbox"/> other relative	h. <input type="checkbox"/> other

8. Does the ward live with the guardian? ☐ Yes ☐ No

9. If not, how many times does the guardian visit the ward each month? \_\_\_\_\_

10. On average, how long is the visit (in minutes)? \_\_\_\_\_

11. What does the guardian do for the ward? Check all that apply.

a. <input type="checkbox"/> manage financial affairs	e. <input type="checkbox"/> provide necessities
b. <input type="checkbox"/> housekeeping	f. <input type="checkbox"/> take on outings
c. <input type="checkbox"/> provide transportation	g. <input type="checkbox"/> bathe
d. <input type="checkbox"/> feed	h. <input type="checkbox"/> provide continuous care

List anything else: \_\_\_\_\_

12. What is the guardian's view of the ward's overall situation, including any significant changes in physical health, intellectual functioning, emotional health and living situation that have occurred over the past year?

\_\_\_\_\_

\_\_\_\_\_

13. Does the guardian feel that the guardianship should continue? ☐ Yes ☐ No

14. Any changes needed in this guardianship? \_\_\_\_\_

15. Has eligibility for such programs as Social Security, Medicare, Medicaid, SSI, or food stamps ever been checked? ☐ Yes ☐ No

16. Does the guardian need assistance, whether from the court or from a community agency? If so, please specify. \_\_\_\_\_



# Volunteer's Current Assessment of Ward Matrix

	Excellent	Satisfactory	Fair	Poor	Don't Know
Physical Health					
Emotional Health					
Intellectual Functioning					
Living Situation					

# REVIEWING THE REPORT

- Recruiter reviews each Court Angel Report submitted.
- Are there any changes needed in the Guardianship?
- Is the ward happy and well-cared for?

# WHAT IF SOMETHING IS NOT *RIGHT*?

- Transmits data in reporting spreadsheet
- Recruiter sends Court Angel Report to Staff Attorneys
- Staff Attorneys review Report in conjunction with overall case
- Make recommendation of next steps to Judge Park



# PROGRAM DETAILS

- Volunteer Visitor Program began in 1990s
- Program restarted in 2005
- Currently Grant-funded: October 2016-September 2019
- Grant Source: Stark County Elder Justice Innovation Grant, Administration for Community Living, US Department of Health and Human Services
- For more information:

[starkcountyohio.gov/probate/volunteers](http://starkcountyohio.gov/probate/volunteers)

Stark County Probate Court: 330-451-7752



2018 COURT ANGEL VOLUNTEER APPRECIATION LUNCHEON



# MATERIALS AVAILABLE

- APPLICATION
- TRAINING MANUAL
- REPORTING FORMS
- SAMPLE PRESS RELEASES
- BROCHURES
- SAMPLE PROMOTIONAL COLLATERALS