
3. State whether, in your opinion, the incapacitated person is total or only partially incapable of making personal and financial decisions; and, if the latter, the kinds of decisions which the incapacitated person can and cannot make. Include the reason for this opinion. _____

4. What, in your opinion, is the most appropriate living arrangement for the incapacitated person; and, if applicable, describe the most appropriate treatment or habilitation plan. Include the reasons for your opinion. _____

5. Can the incapacitated person appear in Court without injury to her health? If the answer is no, explain the medical reasons for your answer: _____

I affirm under the penalties of perjury that the foregoing representations are true.

Dr. _____
Address
Address

NOTE:

This report must be signed by a physician. If the description of the incapacitated person's mental, physical and educational condition, adaptive behavior or social skills is based on evaluations by other professionals, all professionals preparing evaluations must sign the report. Evaluations on which the report is based must have been performed within three (3) months of the date of the filing of the Petition.

Names and signatures of other persons who performed evaluations upon which this report is based.

Name

Name

Address

Address

Signature

Signature