

STATE OF INDIANA)
)ss:
 COUNTY OF LAPORTE)

IN THE LAPORTE _____ COURT
 CONTINUOUS TERM
 CASE NO:

IN RE THE GUARDIANSHIP OF)
)
 _____)
 An Incapacitated Adult)

PHYSICIAN’S REPORT

Dr. _____, a physician licensed to practice medicine in all its branches in the State of Indiana, submits the following Report on _____, the alleged incapacitated person (öPersonö) named above, based on an examination of said person conducted **within the last three (3) months**, on the ____ day of _____, 20____.

1. The nature and type of the Person’s disability or other incapacity is:

2. In your opinion, based upon your examination and observation of the Patient, is the Patient incapacitated as defined by Indiana law (see attached definition of Incapacity)?

Yes No

3. The Person’s mental and physical condition, and, when appropriate, their educational condition, adaptive behavior and social skills are:

4. In my opinion, the Person is **totally** or **only partially incapable** of making personal and financial decisions.

A. The kinds of decisions which the Person can and cannot make are:

- Personal** **Financial** **Both**

B. The facts and/or reasons supporting this opinion are:

5. In my opinion, the most appropriate living arrangement for the Person is:

A. The most appropriate treatment or rehabilitation plan for the Person is:

B. The facts and / or reasons supporting this opinion are:

6. The Person

- cannot appear in Court due to being hospitalized.**
- can appear in Court**
- cannot appear in Court without creating a threat to his or her health or safety.**

Explain below the specific risk to the Person's health or safety if he or she appears in Court:

7. Urgency (Read carefully and choose one). The Court requires clear, strong, fact-based information to determine whether a guardianship is needed urgently or emergently. Hearings on guardianship may not be set by the Court for up to 45 days unless facts support the need for an earlier hearing setting. Please be very specific.

In my medical opinion, I believe a guardianship is urgently needed (i.e., earlier than approximately 45 days from now) to address the needs of the patient, due to the following:

In my medical opinion, I believe a guardianship is emergently needed (i.e., earlier than approximately 7 days from now) to address the needs of the patient. Explain the nature of the emergency and how quickly a guardianship is required:

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

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

Physician Name (printed): _____

Physician Signature: _____

Address: _____ City:

_____ State: _____ Zip: _____ Phone: _____

Other professionals who performed evaluations upon which this report is based:

Name: _____ Signature: _____

Address: _____ City:

_____ State: _____ Zip: _____ Phone: _____

Name: _____ Signature: _____

Address: _____ City:

_____ State: _____ Zip: _____ Phone: _____