



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:

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

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

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

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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:

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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:

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**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:

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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: \_\_\_\_\_