

DOCTOR'S FORM LETTER

DATE: _____
PHYSICIAN'S NAME: _____
PHYSICIAN'S ADDRESS: _____
TELEPHONE NUMBER: _____

Honorable _____

Re: IN THE MATTER OF THE GUARDIANSHIP OF _____,
AN INCAPACITATED PERSON

Dear Judge _____:

I am a physician currently licensed in the State of Utah. I have been the doctor for _____ (full name) ("Proposed Ward") whose Social Security Number is _____, whose birth date is _____, and resides at _____ (City, State) _____ (zip) since _____, _____. I examined the Proposed Ward on _____, _____. Based upon that examination and my observations, it is my opinion that the Proposed Ward is incapacitated and the nature and degree of incapacity is described in my answers to the following questions:

1. *What is the general nature and degree of the incapacity of the Proposed Ward?*
2. *What is the Proposed Ward's medical history as it is related to the incapacity?*
3. *What is the prognosis, including the estimated severity, of the incapacity?*
4. *How and in what manner does the Proposed Ward's physical or mental health effect ability to make or communicate responsible decisions?*

5. *Is the Proposed Ward on any medications which effect demeanor or ability to participate in court proceedings? If so, what medication is the Proposed Ward on and how is his demeanor or ability to participate in court proceedings affected?*

6. *If the underlying diagnosis of the incapacity is that of "senility", please describe the precise physical and mental condition underlying the diagnosis of senility.*

7. *Is mental retardation the basis of the Proposed Ward's incapacity?*

8. *It is my opinion that the Proposed Ward is incapable of making a decision concerning the following as indicated by a mark in the column:*

MATTERS RELATED TO THE PROPOSED WARD'S PROPERTY:

Capable

Incapable

to handle a bank account..

to contract and incur obligations.

to collect and file suit on debts, rentals, wages and other claims due Proposed Ward.

to pay, compromise and defend claims against him/herself.

to apply for or consent to governmental services.

to apply for and to receive funds from governmental sources.

to enroll in public or private residential care facilities.

to make employment decisions.

to make decisions related to military service.

enter into insurance contracts of every nature.

to vote.

to operate a motor vehicle.

to participate in the selection of residential placement.

to handle funds of \$50.00 or less.

Other:

MATTERS RELATED TO THE PROPOSED WARD'S PERSON:

Capable

Incapable

to apply for psychological and psychiatric tests and evaluations

to consent to medical and dental treatment.

to consent to disclosure of psychological and medical records

Other:

THEREFORE, it is my opinion that the Proposed Ward is incapacitated as stated in this letter and that the Court should consider the appointment of a guardian.

FURTHERMORE, (answer YES to one of the following):

_____ It is my opinion that the Proposed Ward is partially incapacitated.

_____ It is my opinion that the Proposed Ward is totally without capacity.

I believe that the Court should also be aware of the following additional information, if any, which concerns the Proposed Ward and which is not included above, but which may be of interest to the Court:

Sincerely,

Signature of Licensed Physician

Printed Name

Physician License Number