PHYSICIAN'S AFFIDAVIT

NOTE: This affidavit will be used in a legal proceeding to appoint a guardian for the patient named below. The information it contains must be based on your personal examination of the patient. Thank you for your concern and cooperation.

PATIENT'S NAME: _____

ADDRESS: _____
_____

I, _____ located at _____
(provider's name) *(address)*

_____.
(telephone number)

I am licensed to practice in the United States in the following states:

_____.

I am board Certified in _____.

This history of my involvement with this patient is the following:

_____
_____
_____
_____
_____

I personally examined _____ on _____, 20___.
(Patient's Name)

The examination lasted approximately _____.
(time)

I performed or ordered the following tests: _____
_____
_____
_____
_____

Based on tests and my examination of this patient, it is my professional opinion that s/he

∫ ***does not have*** a disability that interferes with the ability to make or communicate responsible decisions regarding health care, food, clothing, shelter, or administration of property.

∫ ***does have*** a disability that interferes with the ability to make or communicate responsible decisions regarding health care, food, clothing, shelter, or administration of property.

The particulars of the disability are as follows: _____
_____
_____

The patient is unable to perform the following functions: _____
_____
_____

∫ In my opinion, the patient **does have** sufficient mental capacity to understand the nature of guardianship and **can** consent to the appointment of a guardian.
∫ In my opinion, the patient **does not have** sufficient mental capacity to understand the nature of guardianship and **cannot** consent to the appointment of a guardian.

I solemnly swear and affirm under the penalties of perjury and upon personal knowledge that the contents of this petition are true.

_____ _____
Date *Provider's Signature*

_____
Printed Name

STATE OF DELAWARE :

COUNTY OF _____ :

SWORN TO AND SUBSCRIBED before me this _____ day of

_____, 20___.

_____
Notary Public