

PHYSICIAN'S AFFIDAVIT

NOTE: This affidavit will be used in a legal proceeding to appoint a guardian for the patient named below. Detailed information is necessary for the court to assess whether the patient has a disability under Delaware law. A person with a disability is defined under Delaware law as someone who “[b]y reason of mental or physical incapacity is unable properly to manage or care for their own person or property, or both, and, in consequence thereof, is in danger of dissipating or losing such property or of becoming the victim of designing persons or, in the case where a guardian of the person is sought, such person is in danger of substantially endangering person’s own health, or of becoming subject to abuse by other persons or of becoming the victim of designing persons[.]” 12 Del. C. § 3901(a)(2). The information in this affidavit must be specific and detailed and based on your personal examination of the patient. By completing this form, you consent to make reasonable accommodations to speak to the court appointed attorney *ad litem* should they need to speak to you regarding the statements you made in this affidavit. Sample forms are available on the court’s website at <https://courts.delaware.gov/forms/>. Thank you for your concern and cooperation.

IS THIS AN EMERGENCY GUARDIANSHIP PETITION? If an *emergency* appointment of guardian is needed, please complete page four (4) of this form *in addition* to pages one (1) through three (3).

PATIENT’S NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

I, _____, (check one) M.D., D.O., Ph.D., Psy.D., of full age, hereby certify as follows:

I am duly licensed and accredited in the following areas of medical practice:

The history of my involvement with this patient is the following: (check the appropriate box(es) and add further clarification on the blank lines)

10+ years 5-10 years 1-5 years Less than 1 year First visit

The patient’s diagnoses/conditions related to their incapacity include:

- 1. _____ Mild Moderate Severe N/A
- 2. _____ Mild Moderate Severe N/A
- 3. _____ Mild Moderate Severe N/A

Patient Name: _____

I personally examined this patient on _____, 20_____.

The examination lasted approximately _____
(Time)

Relevant tests and results related to their incapacity:

Does the patient have difficulty communicating? If so, describe the difficulty in detail, and provide the cause of the patient's difficulty with communication:

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

does not have

does have

a disability that significantly interferes with the ability to make responsible decisions regarding health care, food, clothing, shelter, or finances.

(Optional) The following documents are attached as supporting information regarding the particulars of the disability:

Describe the patient's disability:

The disability impairs the patient's ability to perform the following functions and activities:

In my opinion, the patient

does have

does not have

sufficient mental capacity to understand the nature of guardianship in order to consent to the appointment of a guardian.

Patient Name: _____

The patient is or is not able to perform the following functions independently:

Activities of daily living	<input type="checkbox"/> Is able	<input type="checkbox"/> Is not able
Pay his/her own bills	<input type="checkbox"/> Is able	<input type="checkbox"/> Is not able
Live alone	<input type="checkbox"/> Is able	<input type="checkbox"/> Is not able
Take medication appropriately	<input type="checkbox"/> Is able	<input type="checkbox"/> Is not able
Give informed consent for medical procedures	<input type="checkbox"/> Is able	<input type="checkbox"/> Is not able
Resist scams	<input type="checkbox"/> Is able	<input type="checkbox"/> Is not able

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

Date

Physician's Signature

Printed Name

Physician's Address: _____

Physician's Phone Number: _____

STATE OF _____:

COUNTY OF _____:

This instrument was acknowledged before me on this ____ day of _____, 20____ by
_____ [Name of affiant].

Notary Public

