STATE OF ILLINOIS

UNITED STATES OF AMERICA
IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

COUNTY OF DU PAGE

IN RE THE ESTATE OF

_____

ALLEGED DISABLED PERSON

_____

CASE NUMBER

REPORT OF PHYSICIAN

File Stamp Here

_____ , a physician licensed to practice medicine in all branches in the State of Illinois, submits the following report on _____ an alleged disabled person, based on an examination of the respondent on _____ .

NOTE: The examination must have occurred no earlier than three (3) months before the Petition for Guardianship is filed.

1. Describe the nature and type of the respondent's disability and provide an assessment of how the disability impacts on the ability of the respondent to make decisions or to function independently. (Please state underlying diagnosis, as well as manifestations of disability.)

2. Provide an analysis and results of evaluations of the respondent's mental and physical condition and, where appropriate, describe educational conditions, adaptive behavior, and social skills.

3. State whether in your opinion, the respondent is TOTALLY or only PARTIALLY incapable of making PERSONAL and FINANCIAL decisions, and if the latter, the kinds of decisions which the respondent can and cannot make. Include the reasons for this opinion.

4. What, in your opinion, is the most appropriate living arrangement for the respondent, and if applicable, describe the most appropriate treatment or rehabilitation plan. Include the reason(s) for your opinion. Please indicate what restrictions are reasonably necessary to protect the assets and/or ensure the safety of the alleged disabled person.

_____
Print or type physician's name

_____
Signature

License Number: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

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

5. Provide a statement describing the certification, license or other credentials of the physician preparing this report.

_____

_____

_____

Names and signatures of other person(s) who performed evaluations upon which this report is based:

Name: _____

Address: _____

Certification, licenses or other credentials

_____

_____

_____

Signature _____

Name: _____

Address: _____

Certification, licenses or other credentials

_____

_____

_____

Signature _____

Name: _____ ☐ Pro Se

DuPage Attorney Number: _____

Attorney for: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____