FORM B. PHYSICIAN'S REPORT

STATE OF INDIANA	**)**	**IN THE LAKE CIRCUIT/SUPERIOR COURT**
	)	**SITTING AT CROWN POINT,**
COUNTY OF LAKE	**)**	**LAKE COUNTY, INDIANA**

IN THE MATTER OF THE)
GUARDIANSHIP OF _____) CAUSE NO. _____

PHYSICIAN'S REPORT

_____, a physician holding an unlimited license to practice medicine in the State of Indiana, submits the following report on _____, "Patient", based upon examination of Patient.

1. Set forth the dates of all examinations of the Patient within the last one (1) year from the date hereof.

_____
_____
_____

2. In your opinion, based upon your examination and observation of the Patient, is the Patient incapacitated as defined by Indiana law (see attached definition of "Incapacity")?

Yes _____ No _____ If more than one cause for incapacity exists, describe the nature and type of each incapacity.

_____
_____
_____

3. In your opinion, based upon your examination and observation of the Patient, how long has the Patient been incapacitated?

_____
_____
_____

4. Describe the Patient's mental and physical condition; and, if appropriate, describe the Patient's educational condition, adaptive behavior and social skills.

_____
_____
_____

5. In your opinion, is the Patient totally or only partially incapable of making personal and financial decisions?

Totally Incapable _____ Partially Incapable _____ Capable _____

If the Patient is partially incapable of making personal and/or financial decisions, please state the kinds of decisions which the Patient can and cannot make; and, include the reasons for this opinion.

_____

_____

_____

6. In your opinion, what is the most appropriate living arrangement for the Patient? And, if applicable, describe the most appropriate treatment or rehabilitation plan. Include the reasons for your opinion.

_____

_____

_____

7. In your opinion, can the Patient appear in Court without injury to his/her health?

Yes _____ No _____

If the answer is no, explain the medical reasons for your answer.

_____

_____

_____

8. In your opinion, is the Patient capable of making a knowing and voluntary consent to the appointment of a Guardian?

Yes _____ No _____

9. In your opinion, is the Patient capable of making a knowing and voluntary waiver of the "Notice of Court Hearing" in Guardianship proceedings?

Yes _____ No _____

10. In your opinion, is it in the best interests of the Patient that a Guardian be appointed to care for the Patient?

Yes _____ No _____

If a Guardian is needed, is one needed for personal or financial needs, or both?
Personal _____ Financial _____ Both _____

11. In your opinion, are there less restrictive alternatives available to meet the Patient's needs that restricts fewer rights of the Patient than would the appointment of a Guardian, such as a supported decision-making agreement, appropriate technological assistance, the appointment of a representative payee, the appointment of a health care representative, the creation of a power of attorney, or otherwise?

Yes _____ No _____

If yes, please describe in detail the less restrictive alternatives that should be considered in lieu of having a Guardian appointed for the Patient. If so, please explain in detail why less restrictive alternatives are not viable for the Patient.

_____
_____
_____
_____.

I affirm, under the penalties of perjury, the above and foregoing is true and correct to the best of my knowledge and belief.

Signed: _____

Address: _____

_____

Telephone: _____

Dated: _____

If the description of the Patient's mental, physical and educational condition, adaptive behavior or social skills is based on evaluations by other professionals, please provide the names and addresses of all professionals who are able to provide additional evaluations. Evaluations on which the report is based should have been performed within three (3) months of the date of the filing of the Petition.

Names and addresses of other persons who performed evaluations upon which this report is based (including without limitation nurse practitioners, physician assistants, etc.):

Name:_____

Address:_____

_____

Telephone:_____

Signed: _____

Dated: _____

Name:_____

Address:_____

_____

Telephone:_____

Signed: _____

Dated: _____

DEFINITION OF "INCAPACITY" AS DEFINED BY INDIANA LAW

I.C. 29-3-1-7.5, INCAPACITATED PERSON:

It means an individual who:

(1) cannot be located upon reasonable inquiry;

(2) is unable:
- (a) to manage in whole or in part the individual's property;
- (b) to provide self-care; or
- (c) both

because of insanity, mental illness, mental deficiency, physical illness, infirmity, habitual drunkenness, excessive use of drugs, incarceration, confinement, detention, duress, fraud, undue influence of others on the individual, or other incapacity; or

I.C. 12-7-2-61, DEVELOPMENTAL DISABILITY:

(1) Has a developmental disability attributable to:
- (a) mental retardation, cerebral palsy, epilepsy, or autism;
- (b) any other condition closely related to mental retardation;
- (c) dyslexia resulting from any disability described above;
- (d) originates before the person is 18 years old, has continued or is expected to continue indefinitely, and substantially affects the individual's ability to function normally in society.

(2) Has a severe, chronic disability that:
- (a) is attributable to a mental or physical impairment, or a combination of both;
- (b) is manifested before the individual is 22 years old;
- (c) is likely to continue indefinitely;
- (d) reflects the need for special types of care of lifelong, or extended duration, individually planned and coordinated;
- (e) results in substantial limitations in a least 3 of:
  - i. Self-care;
  - ii. Receptive and expressive language;
  - iii. Learning;
  - iv. Mobility;
  - v. Self-direction;
  - vi. Capacity for independent living;
  - vii. Economic self-sufficiency.