

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

ESTATE OF

Alleged Disabled Person



No. _____

Docket _____

Page _____

REPORT

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

NOTE: The examination must have occurred no earlier than three months before the petition for guardianship is filed. (Attach additional sheet if necessary)

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 condition, 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 habilitation plan. Include reasons for your opinion.

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

(OVER)

(Print or Type Physician's Name)

Signed: * _____
*See reverse side

(License No.)

Address: _____

City/State/Zip: _____

Telephone: _____

***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. Evaluations upon which the report is based must have been performed within 3 months of the date of the filing of petition.**

Names and signatures of other persons 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 _____