

STATE OF INDIANA        )  
                                  )  
COUNTY OF ELKHART    )

**IN THE ELKHART SUPERIOR COURT**

**CASE NO:** \_\_\_\_\_

**IN RE THE TEMPORARY GUARDIANSHIP OF:**

\_\_\_\_\_  
Name of Incapacitated Person

**ORDER FOR REPORT OF PHYSICIAN**

Petition for Order requiring physician's report is granted.

**IT IS THEREFORE ORDERED THAT** \_\_\_\_\_ provide the Court with a  
physician's report regarding the mental and physical competency and capacity of \_\_\_\_\_.

**SO ORDERED** \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer  
Elkhart County Superior Court

Distribution:

Address:

Address:



STATE OF INDIANA )  
 )  
COUNTY OF ELKHART )

IN THE ELKHART SUPERIOR COURT

CASE NO: \_\_\_\_\_

IN RE THE TEMPORARY GUARDIANSHIP OF:

\_\_\_\_\_  
Name of Incapacitated Person

**PHYSICIAN'S REPORT**

**(Please clearly print or type the information contained in this 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 the Patient.

1. Set forth the dates of all examinations of the Patient within the last (1) year from the date of this report:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. In your opinion, based upon your examination and observation of the Patient, is the Patient incapacitated? If so, describe the nature and type of 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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8. Is the Patient capable of consenting to the appointment of a Guardian?

- Yes
- No

9. Is the nature of the Patient's incapacity such that it prevents the Patient from making a knowing and voluntary Waiver of Notice?

- Yes
- No

10. In your opinion, is a Guardian needed to care for the Patient?

- Yes
- No

11. If a Guardian is needed, is one needed for personal or financial need, or both?

- Personal
- Financial

I affirm under the penalties for perjury that the foregoing representations are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

If the description of the Patient's mental, physical and educational condition, adaptive behavior or social skills is based on evaluations by other professional, 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.

Name and addresses of the other persons who performed evaluations upon which this Report is based:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_