IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR _____COUNTY, FLORIDA

IN RE:
An alleged incapacitated person.

Case No.:
Probate Division

EXAMINING COMMITTEE MEMBER REPORT

The undersigned, a member of the committee appointed to examine _____, the alleged incapacitated person, submits that the examination has been conducted and files this written report as directed by the Order Appointing Examining Committee. The report of the comprehensive examination, with evaluations and recommendations, is as follows:

I. General Information Regarding Person Being Examined

Name of Person:
Date of Birth:
Residential Address:
Date & Time of Examination:
Names of All Persons Present at Examination:
Name & Address of Extended Care Facility (if any):
Alleged Incapacity:
Diagnosis (Short Summary):
Prognosis (Short Summary):
Recommended Course of Treatment (Short Summary):

II. Evaluation of Alleged Incapacitated Person's Ability To Retain His or Her Rights Without Limitation

The examining committee is charged with determining whether the alleged incapacitated person has the ability to exercise those rights which the petitioner has requested be removed in the petition to determine incapacity.

NOTE: It is the intent of the Legislature to make available the least restrictive form of guardianship to assist persons who are only partially incapable of caring for their needs. The purpose of the Guardianship Act is to promote the public welfare by establishing a system that permits the incapacitated person to participate as fully as possible in all decisions affecting them. § 744.1012, Fla. Stat.

The alleged incapacitated person has the ability to: *(check Yes or No)*

YES	NO	
[ ]	[ ]	make an informed decision concerning his/her right to marry.
		make an informed decision concerning his/her right to vote.
[ ]	[ ]	make an informed decision concerning his/her right to personally apply for government benefits.
[ ]	[ ]	make an informed decision concerning his/her right to have a driver's license.
[ ]	[ ]	make an informed decision concerning his/her right to travel.
[ ]	[ ]	make an informed decision concerning his/her right to seek or retain employment.
[ ]	[ ]	make informed decisions regarding his/right to contract.
[ ]	[ ]	make an informed decision concerning his/her right to sue, or assist in the defense of suits of any nature against him or her.
[ ]	[ ]	make an informed decision concerning his/her right to manage property or to make any gift or disposition of property.
[ ]	[ ]	make an informed decision determining his/her residence.
[ ]	[ ]	make an informed decision regarding his/her right to consent to medical and mental health treatment.
[ ]	[ ]	make informed decisions affecting the social environment or other social aspects of his/her life.

III. Physician's Report

Please provide the results of the comprehensive examination and the committee member's assessment of information provided by the attending or family physician, if any. Attach extra pages if necessary. If the attending or family physician is available for consultation, the committee must consult with that physician.

Physical Examination:

Mental Health Examination:

Functional Assessment:

If any of the three aspects of the examination were not indicated or could not be accomplished for any reason, then explain the reason for the omission:

Consultation with Family Physician: Yes ____ No ____. If No, please explain:

Assessment of information provided by attending or family physician, if any:

Assessment of prior clinical history, treatment records, social records, and reports, if any:

IV. Scope of Guardianship

Please distinguish the areas in which the person HAS CAPACITY or LACKS CAPACITY to make informed decisions regarding his or her rights. Indicate LACKS CAPACITY for which a less restrictive method of protective services is not adequate to protect the person from a substantial risk of harm to his or her personal welfare or financial affairs. Check the appropriate column.

NOTE: Florida law grants authority to a guardian only in those areas of decision making in which the evidence indicates the person is incapacitated in order to allow the individual to retain control over the other aspects of his or her life.

HAS CAPACITY	LACKS CAPACITY	INFORMED DECISION REGARDING RIGHT TO:
		Make decisions relating to travel or place of residence.
		Consent to or refusal of medical care, counseling, treatment, or other professional care.
		Refusal of access, permitting access to, or consent to release confidential records and papers.
		Control or manage real or personal property or income from any source.
		Manage a business.
		Act as a member of a partnership.
		Enter into contracts.
		Payment or collection of debts.
		Making gifts of assets.
		Initiation, defense or settlement of lawsuits.
		Execution of a will or waiving the provisions of an existing will.
		Decisions concerning education.
		Other (list):

Evidence of Incapacity. Please list specific evidence of the person's incapacity to exercise informed decisions in the categories checked above.

If the committee member has determined that the person is incapacitated, the scope of the guardianship services recommended is (check one): **PLENARY _____** **LIMITED _____**

V. Certification

I hereby certify that I have examined the alleged incapacitated person in accordance with the requirements of section 744.331, Florida Statutes, performing the examination necessary to determine the alleged incapacitated person's ability to exercise the rights enumerated in section 744.3215, Florida Statutes, which the petitioner has requested to be removed from the allegedly incapacitated person. These conclusions, evaluations and recommendations are hereby presented to the Court.

I do/do not (circle one) have knowledge of the type of incapacity alleged in the Petition to Determine Incapacity.

Executed this _____ day of _____ 20____.

_____
Signature of Committee Member

_____
Printed Name of Committee Member

I hereby certify that a copy of this report has been served upon the Petitioner's attorney and the court-appointed attorney for the alleged incapacitated person by _____ on _____ 20___.

_____
Signature

_____
Printed Name