

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS - IN PROBATE**

Estate of

_____ **CASE NO:** _____

REPORT OF PHYSICIAN

_____, a physician licensed to practice medicine in all its
branches in the State of Illinois, submits the following report on _____
alleged disabled person, based on an examination of the respondent on _____, 20 _____.

NOTE: The examination must have occurred no earlier than three months before the petition for
guardianship is filed.

1. Describe the nature and type of the respondent's disability: (Please state underlying diagnosis, as well as manifestations of disability.)
2. Describe 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 response 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.

*Signed: _____

Address: _____

City, State, & Zip: _____

Telephone: _____

(SEE REVERSE SIDE)

* 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 3 months of the date of the filing of the petition.

Names and signatures of other persons who performed evaluations upon which this report is based:

Name _____

Address _____

City, State, & Zip _____

Signature _____

Name _____

Address _____

City, State, & Zip _____

Signature _____

Name _____

Address _____

City, State, & Zip _____

Signature _____