

Doctor's Form Letter

Date: _____

Physician's Name: _____

Physician's Address: _____

Physician's Telephone Number: _____

Honorable Don R. Windle
Probate Court
1450 E. McKinney Street
Denton, TX 76205

RE: IN THE MATTER OF THE GUARDIANSHIP OF _____ ,
AN ALLEGED INCAPACITATED PERSON, cause number _____ .

Dear Judge Windle,

I am a physician currently licensed in the State of Texas. I have been the doctor for _____
(proposed ward) since _____ (date). I have examined the proposed ward on _____ (date),
at the location of _____ .

Proposed ward's background:

Current residence of proposed ward: _____
_____, _____ County, Texas

Age of proposed ward: _____

Sex of proposed ward: _____

Race of proposed ward: _____

For the purposes of this examination, the following definition applies:

An **incapacitated person** is an adult individual who, because of a physical or mental condition, is substantially unable to provide food, clothing, or shelter for himself or herself, to care for the individual's own physical health, or to manage the individual's own financial affairs.

Texas Probate Code § 3(p)(2) (West 1996)

Proposed Ward's Incapacity

Based upon that examination and my observations, it is my opinion that the proposed ward's incapacity is described in my answers to the following questions.

1. What is the nature and degree of the mental and/or physical incapacity?
2. What is the proposed ward's medical history as it is related to the incapacity?
3. What is the prognosis, including the estimated severity, of the incapacity?
4. How and in what manner does the proposed ward's physical and mental health affect the proposed ward's ability to make or communicate responsible decisions concerning himself or herself?

5. Does any current medication affect the demeanor of the proposed ward? Yes _____ No _____

Would this medication affect the proposed ward's ability to participate fully in a court proceeding?

Yes _____ No _____

Please describe these medications.

6. Is senility a diagnosis of the proposed ward's incapacity? Yes _____ No _____

If so, what is the level of behavior?

7. Is Mental Retardation the basis of Proposed Wards Incapacity? Yes _____ No _____

8. It is my opinion that the proposed ward is capable of personally handling and making decisions concerning the following matters which are marked YES below. It is my opinion that the proposed ward is incapable of personally handling or making decisions concerning the following matters which are marked NO below.

- _____ to handle a bank account; if YES, should the Court limit the amount in such account? How much? \$ _____
- _____ to contract and incur obligations
- _____ to collect and file suits on debt, rentals, wages, and other claims due
- _____ to pay, compromise and defend claims against the proposed ward
- _____ to apply for or consent to governmental services
- _____ to apply for and to receive funds from governmental resources
- _____ to enroll in public or private residential care facilities

Proposed Ward's Incapacity (Continued)

- _____ to make employment decisions
- _____ to apply for psychological and psychiatric tests and evaluations
- _____ to consent to medical and dental treatment and testing
- _____ to consent to disclosure or psychological and medical records
- _____ to make decisions related to military service
- _____ to enter into insurance contracts of every nature
- _____ to execute a will or power of attorney
- _____ to make gifts of real or personal property
- _____ to make a decision as to marriage
- _____ to make an informed decision concerning matters decided by Public Vote
- _____ to operate a motor vehicle
- _____ to determine residence
- _____ other _____

Therefore, it is in my opinion that the proposed ward is incapacitated as stated in this letter and that a guardian should be appointed and granted the powers necessary to act on the proposed ward's behalf and to make decisions for the proposed ward concerning the matters which are marked NO above.

Furthermore, (answer yes to one of the following):

- _____ by responding NO to all of the matters listed above, it is my opinion that the proposed ward is totally without capacity.
- _____ by responding both YES and NO to the matters listed above, it is my opinion that the proposed ward is partially incapacitated.

I believe that the Court should also be aware of the following additional information, if any, which concerns the proposed ward and which is not included above, but which may be of interest to the Court.

I () did () did not, prior to my examination of the above patient, tell him/her that anything said to me by the patient or observations made by me of the patient during the initial or any later examination would be used in a court of law and are not privileged.

Sincerely,

Information Furnished to: Denton County Probate Court.