

# STATE OF MAINE

\_\_\_\_\_ COUNTY PROBATE COURT

DOCKET NO. \_\_\_\_\_

In Re: \_\_\_\_\_  
Respondent

PHYSICIAN'S/PSYCHOLOGIST'S REPORT:  
(GUARDIANSHIP AND/OR  
CONSERVATORSHIP PROCEEDINGS)

I, \_\_\_\_\_, am a  physician  psychologist licensed to practice  
in the State of Maine, having an office at \_\_\_\_\_.

My professional relationship with the Respondent, \_\_\_\_\_, is  
as follows: \_\_\_\_\_

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

I last examined the Respondent on \_\_\_\_\_.

I found the following:

1. Describe the nature, type and extent of Respondent's cognitive and functional abilities and limitations; including, with regard to management of Respondent's property and financial affairs, if the appointment of a conservator is sought in the petition:

2. Evaluation of Respondent's mental and physical condition and, if appropriate, educational potential, adaptive behavior and social skills:

3. Prognosis for improvement, including with regard to the Respondent's ability to manage property and financial affairs if a limitation in that ability is alleged in the petition, and recommendation for appropriate treatment, support or habilitation plan.

4. If appointment of a guardian for Respondent is sought (check A or B):

A.  It is my opinion that the mental and functional condition of the Respondent to care for the Respondent and/or make, communicate or implement decisions about the Respondent's well-being is limited. The Respondent is incapable of performing any of the tasks listed in 4B below.

B.  I have checked below all the things that I believe the Respondent possesses sufficient mental and physical capacity to perform; and I have indicated, when appropriate, whether such functions can be performed only with assistance:

- (1)  Establish a place of abode.
- (2)  Pursue medical care in any hospital or other institution for care as appropriate.
- (3)  Make provisions for care, comfort and maintenance.
- (4)  Give or withhold consents or approvals related to medical or other professional care, counsel, treatment or service.
- (5)  Manage, protect and expend assets and income appropriately.

5. If appointment of a conservator for Respondent is sought (check A or B):

A.  It is my opinion that the mental and functional condition of the Respondent to manage the Respondent's own property and financial affairs is limited. The Respondent is incapable of performing any of the tasks listed in 5B below.

B.  I have checked below all the things that I believe the Respondent possesses sufficient mental and physical capacity to perform; and I have indicated, when appropriate, whether such functions can be performed only with assistance:

- (1)  Receive money and tangible personal property, as well as apply such money and property for the Respondent's support, care and education.
- (2)  Collect, hold and retain assets (including real estate).
- (3)  Deposit funds in and withdraw funds from any bank account or other institution.
- (4)  Invest and reinvest assets.
- (5)  Dispose of assets.
- (6)  Pay bills.
- (7)  Establish and use credit or borrow money.
- (8)  Pay, settle, prosecute or contest any claim involving the Respondent.
- (9)  Sell or exercise stock subscription or conversion rights.
- (10)  Enter into any contract, financial commitment or lease arrangement.
- (11)  Continue or participate in the operation of any business or other enterprise.
- (12)  Vote a security, in person or by general or limited proxy.
- (13)  Make ordinary or extraordinary repairs or alterations to or in buildings or other structures belonging to the Respondent.
- (14)  Employ persons, including attorneys, auditors, investment advisors or agents, to advise or assist the Respondent.

I hereby assert that I will not be advantaged or disadvantaged by the Court's decision to grant the petition for appointment of a guardian and/or conservator and do not otherwise have a conflict of interest.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Physician/Psychologist

MARP