

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL
CIRCUIT IN AND FOR SEMINOLE COUNTY, FLORIDA.

CASE NO.: _____

IN RE: THE GUARDIANSHIP OF

_____,
a person.

REPORT OF EXAMINING COMMITTEE

The undersigned, being a member of the committee appointed to examine _____
_____, reports that such examination, as directed by the Order Appointing Examining
Committee, has been completed. The report of the comprehensive examination, with evaluations and
recommendations, is as follows:

I. GENERAL INFORMATION

Date of Examination: _____

Name of Person: _____

Date of Birth: _____

Residence of Person: _____

Name and Address _____

of Extended Care Facility (If any): _____

Names of all persons present _____

During the examination: _____

Alleged Incapacity is: _____

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: Legislative intent in adopting the current version of the Florida Guardianship Law is to make available the least restrictive form of guardianship to assist persons who are only partially incapable of caring for their needs, with incapacitated persons to be able to participate as fully as possible in all decisions affecting them.)

The alleged incapacitated person has the capacity to: (Mark YES or NO)

<input type="checkbox"/> YES	<input type="checkbox"/> NO	make informed decisions regarding his/her right to marry.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	make informed decisions regarding his/her right to vote.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	make informed decisions regarding his/her right to personally apply for government benefits.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	make informed decisions regarding his/her right to have a driver's license or operate a motor vehicle.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	make informed decisions regarding his/her right to travel.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	make informed decisions regarding his/her right to seek or retain employment.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	make informed decisions regarding his/her right to contract.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	make informed decisions regarding his/her right to sue, or assist in the defense of suits of any nature against him or her.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	make informed decisions regarding his/her right to manage property or to make any gift or disposition of property.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	make informed decisions determining his/her residence.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	make informed decisions regarding his/her right to consent to medical treatment.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	make informed decisions affecting the social environment or other social aspects of his/her life.

III. PHYSICIAN'S REPORT

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

Physical Examination:

Mental Health Examination:

Functional Assessment:

If any of the three parts of the comprehensive examination were not indicated or could not be accomplished for any reason, the reason for the omission must be explained.

Consultation with Family Physician:

Yes _____

No If no, why? _____

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

IV. SCOPE OF GUARDIANSHIP

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

Please indicate those areas in which the person **LACKS THE CAPACITY** to make informed decisions regarding his/her rights and for which a less restrictive method of protective services is not adequate to protect the person from a substantial risk of harm to his/her personal welfare or financial affairs.

(Mark - **LACKS** or **HAS**)

<input type="checkbox"/> LACKS	<input type="checkbox"/> HAS	Decisions concerning travel or where to live.
<input type="checkbox"/> LACKS	<input type="checkbox"/> HAS	Consent to or refusal of medical or other professional care, counseling, treatment or service.
<input type="checkbox"/> LACKS	<input type="checkbox"/> HAS	Permitting access to, refusal of access to or consent to release of confidential records and papers.
<input type="checkbox"/> LACKS	<input type="checkbox"/> HAS	Control or management of real or personal property or income from any source.
<input type="checkbox"/> LACKS	<input type="checkbox"/> HAS	Management of a business.
<input type="checkbox"/> LACKS	<input type="checkbox"/> HAS	Acting as a member of a partnership.
<input type="checkbox"/> LACKS	<input type="checkbox"/> HAS	Making contracts.
<input type="checkbox"/> LACKS	<input type="checkbox"/> HAS	Payment or collection of debts.
<input type="checkbox"/> LACKS	<input type="checkbox"/> HAS	Making gifts.
<input type="checkbox"/> LACKS	<input type="checkbox"/> HAS	Initiation, defense or settlement of lawsuits.
<input type="checkbox"/> LACKS	<input type="checkbox"/> HAS	Execution of a will or waiving the provisions of an existing will.
<input type="checkbox"/> LACKS	<input type="checkbox"/> HAS	Decisions concerning education.
<input type="checkbox"/> LACKS	<input type="checkbox"/> HAS	Admissions to Florida State Hospital or any other public treatment facility on a voluntary basis under the provisions of applicable state law.
<input type="checkbox"/> LACKS	<input type="checkbox"/> HAS	Other (list):

Please list specific evidence of the person's incapacity to exercise informed decisions in the categories previously checked:

If the committee member has determined that the alleged incapacitated person is incapacitated, the scope of the guardianship services recommended is: (Mark One) **PLENARY** **LIMITED**

The member of the examining committee certifies to have examined the alleged incapacitated person in accordance with the requirements of Section 744.331 of the Florida Guardianship Law, performing the examination necessary to determine which, if any, of the rights the petitioner has requested to be removed the allegedly incapacitated person can no longer sufficiently nor adequately exercise. These conclusions, evaluations and recommendations are hereby presented to the Court.

(At least one member of the committee has knowledge of the type of incapacity alleged in the Petition to Determine Incapacity.)

Executed this _____ day of _____, 20____.

Signature

Typed or printed name

I HEREBY CERTIFY that a true copy of the foregoing has been furnished by mail this _____ day of _____, 20__ to Silvia McLain, Esq., 101 West Palmetto Avenue, Longwood, Florida 32750; The Office of Criminal Conflict and Civil Regional Counsel, 101 Sunnyside Rd., Suite 310, Casselberry, FL 32707, attorney appointed for the Ward.

Signature

Typed or printed name