STATE OF SOUTH CAROLINA **PROBATE COURT**
COUNTY OF GREENVILLE

IN THE MATTER OF:

CASE NUMBER:

DOCTOR'S AFFIDAVIT REGARDING CAPACITY

PERSONALLY APPEARED BEFORE ME _____,
who being duly sworn deposes and says:

I am **(Please set forth your medical credentials)** _____

_____

Business Address and phone: _____

_____

Date and Place of <u>this</u> examination: _____

I have had previous opportunities to evaluate the patient? ☐ Yes ☐ No
(If yes, indicate dates and circumstances within the last year and/or reference if you have been the patient's personal physician for a period of time and the time frame)

_____

_____

Is the patient oriented to time and place? ☐ Yes ☐ No

What is the physical condition and age of the patient? (Detail any other significant factors that may be relevant to the Court)

_____

_____

Set forth the results of the any tests which bear on the issue of incapacity and date of test:

_____

_____

BASED UPON MY EVALUATION OF THIS PATIENT:

☐ **I DO NOT** believe this patient is an "incapacitated person". I do not find any impairment by reason of mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, or other cause to the extent that he/she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person, property, or finances.

☐ **I DO BELIEVE THIS PATIENT IS AN "INCAPACITATED PERSON"** and in need of a Guardian and/or Conservator as I find them to be impaired by reason of (**CHECK ALL THAT APPLY AND SET OUT AND DESCRIBE THE LIMITATIONS RESULTING FROM EACH.)**

- ☐ MENTAL ILLNESS:
- ☐ MENTAL DEFICIENCY:
- ☐ PHYSICAL ILLNESS OR DISABILITY:
- ☐ ADVANCED AGE:
- ☐ CHRONIC USE OF DRUGS:
- ☐ CHRONIC INTOXICATION:
- ☐ OTHER:

_____

_____

_____

_____

_____

Is this condition permanent or temporary? _____

Can patient perform Activities of Daily Living? _____

What other information do you believe would assist the Court in making a determination of capacity?

_____

_____

_____

FURTHER AFFIANT SAYETH NOT.

SWORN TO BEFORE ME THIS _____ DAY OF

_____, 20_____.

_____
(Signature)

_____
NOTARY PUBLIC FOR SOUTH CAROLINA
My Commission Expires: _____

_____
(Print Name)

_____
(Address)

_____
(Telephone)

FAILURE TO PROVIDE DETAILED RESPONSES TO THE QUESTIONS ON THIS AFFIDAVIT MAY OBLIGATE YOU TO APPEAR AT THE PROBATE COURT HEARING.

All information MUST be typed or clearly printed.