

STATE OF SOUTH CAROLINA  
COUNTY OF \_\_\_\_\_

IN THE PROBATE COURT  
CASE NUMBER: \_\_\_\_\_-GC-\_\_\_\_-\_\_\_\_\_

IN THE MATTER OF:

**PHYSICIAN'S AFFIDAVIT FOR  
EMERGENCY OR TEMPORARY PROCEEDINGS**

\_\_\_\_\_,  
an alleged incapacitated  
individual.

I examined \_\_\_\_\_, the alleged  
incapacitated individual (A.I.I.), as follows:

DATE OF EXAMINATION: \_\_\_\_\_

PLACE OF EXAMINATION: \_\_\_\_\_

1. As of the date of the examination, to a reasonable degree of medical certainty the A.I.I.

[check applicable boxes]:

**is able** to effectively receive, evaluate or respond to information or to make or communicate decisions with appropriate, reasonably available supports and assistance in order to:

- meet the essential requirements for his/her physical health, safety, or self-care.
- manage property or financial affairs to provide for his/her support or the support of his /her legal dependents.

**is unable** to effectively receive, evaluate or respond to information or to make or communicate decisions with appropriate, reasonably available supports and assistance in order to:

- meet the essential requirements for his/her physical health, safety, or self-care.
- manage property or financial affairs to provide for his/her support or the support of his /her legal dependents.

2. There is a likelihood of irreparable or substantial harm to the A.I.I.'s health, safety, or welfare due to his/her inability to make or communicate decisions as noted above.

SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary's Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Notary Public for: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Practice Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_