STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

IN THE PROBATE COURT

IN THE MATTER OF

CASE NUMBER

PHYSICIAN'S AFFIDAVIT REGARDING CAPACITY

I _____ make the following report, sworn before a notary.
Name of Physician

Date and Place of this 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 – Use additional sheet as necessary.)
_____

Set forth the results of 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".[1] 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" [1] and in need of a Guardian and/or Conservator as I find him/her 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

[1]"Incapacitated person" means any person who is impaired 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 or property. (Section 62-5-101 of the South Carolina Code of Law)

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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?

_____

_____

_____

Physician's Signature: _____

PRINT NAME: _____

Credentials: _____
(Medical Doctor or Doctor of Osteopathy)

Business Address: _____

_____

Telephone: _____

SWORN to before me this _____
day of _____, _____

_____
Notary Public for South Carolina
My Commission Expires: _____

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.