IN THE SUPERIOR COURT OF GUAM

IN THE MATTER OF THE GUARDIANSHIP OF _____, An Adult, BY _____, Petitioner(s).	**Superior Court Case No. SP_____** **SUBMISSION OF MEDICAL EVALUATION [CONFIDENTIAL]**

INSTRUCTIONS: The attached evaluation should be filled out by a medical professional and then filed by the Guardian with the Court prior to hearing on the Petition for the Appointment of a Guardian over an adult, or at any time ordered by the Court.

Use additional pages if necessary.

IN THE SUPERIOR COURT OF GUAM

IN THE MATTER OF THE GUARDIANSHIP OF

_____

STATEMENT OF MEDICAL EVALUATION

An application for guardianship over the above-named individual has been filed. This medical evaluation does not declare the individual competent or incompetent, but is evidence to be considered by the Court. The fee for completing this evaluation WILL NOT be paid by the Probate Court. Each evaluator should secure payment from the Applicant/Guardian.

This Statement of Expert Evaluation must be filled out by a licensed physician or medical professional.

1. Statement completed by:_____
   Name & Title/Profession: _____
   Business Address: _____
   Business Telephone Number: _____

2. Date(s) of evaluation: _____
   Place(s) of evaluation: _____
   Amount of time spent on evaluation: _____
   Length of time the individual has been your patient: _____

3. Is the individual presently under medication? ☐ Yes ☐ No If yes, what is the medication, dosage, and purpose? _____
   _____
   Are there any signs of physical and/or mental impairments caused by the medications themselves? ____
   _____

4. Is the individual mentally impaired? ☐ Yes ☐ No If yes, indicate the diagnosis below:
   ☐ Developmental Disabilities: _____
   ☐ Profound ☐ Severe ☐ Moderate ☐ Mild
   ☐ Mental Illness: Type and Severity _____
   _____
   ☐ Substance Abuse: Description _____
   _____
   ☐ Dementia: Description _____
   _____
   ☐ Other: Description _____
   _____
   Please provide additional comments and test scores if available. (Continue comments on page 4): ____
   _____

5. Is the individual physically impaired? ☐ Yes ☐ No If yes, description:

_____

_____

6. List any accommodations or devices that may assist any physical impairments: _____

_____

_____

7. Are there any special characteristics of the individual which should be considered in evaluating the individual for guardianship: ☐ Yes ☐ No If yes, explain:

_____

_____

8. Are there any indication of abuse, neglect or exploitation of the individual? ☐ Yes ☐ No
If yes, explain: _____

_____

9. Do you believe the individual is capable of caring for the individual's activities of daily living or making decisions concerning medical treatments, living arrangements and diet? ☐ Yes ☐ No
If no, explain: _____

10. Do you believe this individual is capable of managing his or her finances and property?
☐ Yes ☐ No If no, explain:

_____

11. Prognosis:
A. Is the condition stabilized? ☐ Yes ☐ No
B. Is the condition reversible: ☐ Yes ☐ No

12. Does the individual have the ability to attend court hearings in person? ☐ Yes ☐ No

13. Does the individual require any special device (wheelchair, hospital bed, etc.) in order to attend court hearings? ☐ Yes ☐ No Identify: _____

14. If there is additional information the Court should consider in its determination that the individual is incompetent as defined in the law[1], please explain:

_____

_____

_____

_____

_____

_____

[1] Guam law defines an "incompetent person, incompetent or mentally incompetent… as any person, whether insane or not, who by reason of old age, disease, weakness of mind or other cause, is unable, unassisted, properly to manage and take care of himself or his property, and by reason thereof is likely to be deceived or imposed upon by artful or designing persons." 15 GCA § 3801.

15. In my opinion, a guardianship should be:
- ☐ Established/Continued
- ☐ Denied/Terminated

I certify that I have evaluated the individual on _____, 20 _____.

Date: _____ _____

Signature of Evaluator

ADDITIONAL COMMENTS

Date: _____ _____

Signature – Licensed Physician/Clinical Psychologist