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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

In the Guardianship of: _____) Case No.:
)
) MEDICAL/PSYCHOLOGICAL
) REPORT
)
An Alleged Incapacitated Person. (MDR)

This form is required by Washington state law for all Guardianships. Your assistance in completing this form on or before _____ is appreciated.

(Please type or print clearly.)

I have been chosen by the Guardian ad Litem in the above matter to examine and interview _____, and I submit the following report:

My name, title, address, telephone number are as follows:

_____.

A. My education and experiences that are pertinent to the type of disorder or incapacity involved in this case: *(a resume/curriculum vitae may be attached.)*

B. Date of most recent examination of the Alleged Incapacitated Person (most recent exam must be within 30 days of date of this request): _____

C. A summary of the relevant medical functional, neurological, psychological, or psychiatric history of the Alleged Incapacitated Person as known to me:

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D. My findings regarding the Alleged Incapacitated Person's capacity to manage personal or financial matters are: _____.

E. The following medication(s) are currently prescribed to the Alleged Incapacitated Person for the following condition(s).

Medication: _____ Condition: _____

Medication: _____ Condition: _____

Medication: _____ Condition: _____

F. The effect of these current medications on the Alleged Incapacitated Person's ability to understand or participate in the Guardianship proceedings is:

_____.

G. My opinion as to the specific assistance the Alleged Incapacitated Person needs (including items such as household chores, managing finances):

_____.

H. I have also met or spoken with the following individuals regarding the Alleged Incapacitated Person: _____.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

Signed at _____, Washington, _____, ____ 200__.

Signature

Printed Name

Address

Telephone/Fax Number

City, State, Zip Code

Email Address