SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

_____ INT _____
_____ IDD _____

In re

_____

An Adult

REPORT OF EXAMINER

EXAMINER'S INFORMATION

Name: _____

Address: _____

_____

Phone: _____ Fax: _____ Cell: _____

Discipline:

- ☐ Physician (please list specialty)
- ☐ Nurse Practitioner
- ☐ Social Worker
- ☐ Psychologist
- ☐ Other: _____

List any certification, experience, area of specialization or other qualifications relevant to your examination of the subject and preparation of this report.

_____

_____

_____

_____

EXAMINATION INFORMATION
[Attach additional information, as needed.]

Date(s) of subject's examination: _____

Place(s) of examination: _____

Length of time spent with subject: _____

List diagnostic tools used, if any, (e.g. Mini Mental Status)

_____

☐ See attached medical records.

Please list other people interviewed in connection with this examination. Include names, relationship to the subject, and any available contact information.

_____

_____

_____

_____

BACKGROUND INFORMATION
(Subject's demographic history, available medical history, present situation)

Gender _____ Age _____

☐ See attached medical records.

[Please use a format appropriate to your professional specialty area. Attach additional pages or documents as needed.]

_____

_____

_____

_____

ASSESSMENT OF CAPACITY OR INCAPACITY

1. ☐ The subject **does not have a mental or physical impairment** which affects his or her ability to receive and evaluate information effectively or to communicate decisions regarding assets, property, and finances or to meet his or her essential physical health, safety, habilitation, or therapeutic needs.

Indicate any facts that might support a contrary assessment:

_____

_____

OR

2. ☐ The subject **has a mental or physical impairment**, but **presently has the capacity to** receive and evaluate information effectively or to communicate decisions regarding assets, property, and finances, or to meet his or her essential physical health, safety, habilitation, or therapeutic needs.

Describe the specific nature of the impairment and the basis for this assessment. Indicate any facts that might support a contrary assessment:

_____

_____

OR

3. ☐ The subject **has a mental or physical impairment** and because of the impairment(s) the subject of this proceeding is an adult whose **ability to receive and evaluate information** effectively or **to communicate decisions is impaired** to such an extent that:

a. ☐ the subject lacks the capacity to take actions necessary to obtain, administer, and dispose of [check all that apply]

- ☐ real and personal property, intangible property, business property,
- ☐ benefits and income.

Describe the specific nature of the incapacity and the basis for this assessment. Indicate any facts that might support a contrary assessment:

_____

_____

b. ☐ the subject lacks the capacity to take actions necessary [check all that apply]

- ☐ to make health care decisions,
- ☐ to provide health care,
- ☐ to provide food, clothing, and shelter,
- ☐ to provide personal hygiene and other care without which serious physical injury or illness is more likely than not to occur.

Describe the specific nature of the incapacity and the basis for this assessment. Indicate any facts that might support a contrary assessment:

_____

_____

c. ☐ the subject lacks the capacity to meet all or some essential requirements for his or her habilitation or therapeutic needs.

Describe the specific nature of the incapacity and the basis for this assessment. Indicate any facts which might support a contrary assessment:

_____

_____

_____

If the subject is incapacitated, assess his or her potential for regaining some or all capacity:

_____

_____

_____

If the subject is incapacitated, identify any factors which would argue against this Court's intervention on the subject's behalf (e.g. community or family support systems):

_____

_____

_____

_____

Other Comments or Recommendations:

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____
Signature Date

_____
Typed name

_____
Address (actual address/not Post Office Box)
_____

_____

_____
Telephone number

_____
Email address

_____
Bar number (if filer is an attorney)

_____
License # and State

Court-appointed examiners must serve a copy of this report by first class mail upon all persons listed on the order appointing the examiner.

CERTIFICATE OF SERVICE

I certify that on the ____ day of _____, 20____, a copy of this filing was either eServed in accordance with the provisions of Administrative Order 13-15 or served by first class mail, postage prepaid, on the following persons (list names and complete mailing addresses):

_____
Signature of Examiner

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

_____ INT _____
_____ IDD _____

In re:

_____
An Adult

SERVICE LIST

[List names and addresses, of persons entitled to service. See Superior Court, Probate Division Rule 326. Phone and fax numbers may be included, if known.]