

**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)

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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.

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### 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.]

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### 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:

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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:

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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:

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- 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:

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- 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:

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

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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):

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Other Comments or Recommendations:

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\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ this report was sent by first class mail, as is required by Superior Court, Probate Division Rule 326, and,

- faxed
- served in hand

upon the following persons entitled to receive service in this case.

- See attached Service List  
or list persons served here:

\_\_\_\_\_  
Signature of Examiner

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**  
**PROBATE DIVISION**

\_\_\_\_\_ INT \_\_\_\_\_  
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\_\_\_\_\_ 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.]