

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

_____ INT _____
_____ IDD _____

In re:

An Adult

CAPACITY ASSESSMENT SUMMARY REPORT
[Pursuant to D.C. Code, sec. 21-2045.01]

Name of Practitioner: _____

Address: _____

Email: _____

Telephone: _____

Declaration:

I have completed this assessment in accordance with the usual and customary standards and practices of my profession. I am of the opinion that (Please select **ONE** option below):

- A. The ward does **not** have a mental or physical impairment which affects the ward's ability to receive and evaluate information effectively to meet essential physical health, safety, habilitation or therapeutic needs and/or communicate decisions regarding assets, property and finances. I am of the opinion that the ward **does not need a guardian**.

- B. The ward has a mental or physical impairment, but presently has the capacity to receive and evaluate information effectively to meet essential physical health, safety, habilitation or therapeutic needs and/or communicate decisions regarding assets, property and finances. I am of the opinion that the ward needs assistance available through community supports and **if that assistance is made available then the ward does not need a guardian**. Please indicate type of assistance in comment section.

- C. The ward has a mental or physical impairment that affects the ward's ability to receive and evaluate information effectively to meet essential physical health, safety, habilitation or therapeutic needs and/or communicate decisions regarding assets, property and finances. I am of the opinion that the ward **needs a guardian**. The ward is impaired to such extent that the ward lacks capacity to take actions necessary to obtain, administer and/or manage (check **ALL** that apply):

- Routine financial matters
- Personal care expenses/incidentals
- Housing/shelter
- Health care
- Personal care
- Safety
- Selecting a Surrogate decision-maker

Additional Comments (optional):

I have included (optional) attachments to this summary report. This report was completed on the _____ day of _____ 20____, by _____
(Name of Practitioner)

(License Number)

(Signature of Practitioner)

Filing Instructions:

Attorneys and members of the Non-Lawyer Guardianship Pilot Project who are serving as guardians must eFile this report, selecting Guardianship Program Capacity Assessment as the document type. Please do not eServe this document on anyone other than the Court. All others have the choice of either eFiling this report or filing it in person or by mail to:

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
Probate Division - Office of the Register of Wills
515 5th Street, N.W.
Washington, D.C. 20001