

State of Minnesota

District Court  
Probate Division

County of \_\_\_\_\_

Judicial District: \_\_\_\_\_

Court File No. \_\_\_\_\_

Case Type: 14, Guardianship

In Re: Guardianship of

**Physician's Statement in Support of  
Guardianship  
(and Re: Respondent's Inability to  
Attend Hearing)**

\_\_\_\_\_, Ward

I, \_\_\_\_\_, the undersigned licensed physician, state that I am the attending physician of the person named above; that I have been the person's physician since, \_\_\_\_\_; and that I examined the person on \_\_\_\_\_, 20\_\_\_\_, and the results of my examination are stated below:

Diagnostic impression and description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavioral evidence to support petition for the appointment of a guardian:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DIAGNOSIS:

\_\_\_\_\_  
\_\_\_\_\_

PROGNOSIS:

\_\_\_\_\_  
\_\_\_\_\_

I  **am** /  **am not** of the opinion that the person is in need of a guardian to help in the care and management of the person.

I  **am** /  **am not** aware of the existence of a health care directive executed by the person named above, a living will, or any other similar document executed in another state and enforceable under the laws of this state.

If you are aware of the existence of any of the above-mentioned documents, please provide additional information: \_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Attending Physician  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN'S STATEMENT RE: RESPONDENT'S INABILITY TO ATTEND HEARING**

**If the Person is Physically Unable to Attend the Hearing, Complete the Following:**

By reason of the medical condition of the person named above as supported by the facts set forth in the above statement, it is my opinion that the person is unable to attend the hearing set for \_\_\_\_\_, 20\_\_\_\_, on the petition requesting the appointment of a guardian for the person named above.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Attending Physician