

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)**

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 _____

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