

**ELEVENTH JUDICIAL CIRCUIT COURT
McLEAN COUNTY, IL**

In the Interest of:

Case Number: _____

_____,
an alleged disabled adult.

REPORT ON PETITION FOR APPOINTMENT OF GUARDIAN

1. The undersigned, who is a physician licensed to practice medicine in all its branches in the State of Illinois, examined _____, hereinafter called the Respondent, on _____, 20____.

2. The nature and type of Respondent's disability is: _____

3. The impact of the disability on Respondent's ability to make decisions or function independently is:

4. My/our evaluation of the Respondent's mental condition, physical condition, educational condition, adaptive behavior, and social skills are:

Mental Condition: _____

Physical Condition: _____

Educational Condition: _____

Adaptive Behavior: _____

Social Skills: _____

5. Based upon my examination and evaluation of the Respondent it is my opinion that:

Guardianship is not necessary.

Guardianship of the person is necessary, the scope of which as reasons for are: _____

Guardianship of the estate is necessary, the scope of which and reasons for are: _____

6. My recommendation as to the most appropriate treatment or habilitation plan and living arrangement for the Respondent, and the reasons therefore are: _____

Signatures and Credentials of Evaluators:

Printed Name Signature Date of Evaluation

Licensed by the State of Illinois as: _____ License Number: _____

Printed Name Signature Date of Evaluation

Licensed by the State of Illinois as: _____ License Number: _____

Printed Name Signature Date of Evaluation

Licensed by the State of Illinois as: _____ License Number: _____