PROBATE COURT
PHYSICIAN'S EVALUATION CONSERVATORSHIP
Rev. 6/17

MASHANTUCKET PEQUOT PROBATE COURT

OFFICE OF THE TRIBAL COURT CLERK
P.O. BOX 3126, MASHANTUCKET, CT 06338-3126

Mashantucket Pequot Tribal Nation
Tribal Court

To: Mashantucket Pequot Probate Court, Mashantucket, Connecticut

The undersigned physician states that he/she has personally examined said Respondent and hereby makes the following report:

NAME OF PHYSICIAN	PRACTICING PHYSICIAN: ☐ YES ☐ NO
PHYSICIAN'S ADDRESS	MEDICAL LICENSE & STATE _____ _____ *(License)* *(State)*
PHYSICIAN'S TELEPHONE & FAX _____ _____ *(Phone)* *(Fax)*	DATE OF EXAMINATION: ***(Must be within 30 days preceding the hearing)***
NAME OF RESPONDENT	RESPONDENT'S ADDRESS

1. Is the Respondent suffering from a mental, emotional or physical illness? ☐ YES NO ☐

   If "yes," answer all of the following questions. You **must** give reasons for your opinions.

2. What specific type of mental, emotional or physical illness is involved? _____

3. Give diagnosis: _____

4. Does the Respondent's mental, emotional or physical condition have substantial adverse effects on his/her ability to function?

   ☐ YES ☐ NO

5. Does the impairment affect the ability of the Respondent in managing his/her affairs and/or his/her capability in caring for him/herself?

   ☐ YES ☐ NO

PERTINENT HISTORY:

_____
_____
_____
_____
_____
_____
_____

PHYSICIAL CONDITION:

D

MENTAL CONDITION:

ADDITIONAL COMMENTS:

ADDITIONAL PAGES ATTACHED? ☐ ***YES*** ☐ ***NO***

I hereby certify that:	☐ I am a licensed physician	☐ I have personally examined the Respondent on the following date:_____
Dated Signed:_____		**Signed:**_____ *(Examining Physician)*

NOTE TO PHYSICIAN:

The following is the statutory requirement for the examination of the Respondent:

At any hearing for involuntary representation, the Court shall receive evidence regarding the condition of the Respondent, including a written report or testimony by one or more physicians licensed to practice medicine in the State of Connecticut or Rhode Island who have examined the Respondent **within thirty (30) days preceding the hearing**. The report or testimony shall contain specific information regarding the disability and the extent of its incapacitating effect. If the Court finds by clear and convincing evidence that the Respondent is incapable of managing his or her affairs, then the Court shall appoint a Conservator of such person's Estate. If the Court finds by clear and convincing evidence that the Respondent is incapable of caring for himself or herself, then the Court shall appoint a Conservator of the Person of the Respondent.