

IN THE CIRCUIT COURT OF BUCHANAN COUNTY, MISSOURI
PROBATE DIVISION

In the Matter of

Respondent.

Case No. BU-PR

DEPOSITION OF _____ MD/RN

INSTRUCTIONS: Please write your answers beneath the question on this form. Attach an extra page if you need more space to answer. After answering, please sign at the bottom of page 3 and swear to the truth of the answers before a notary.

Q. State your name and address.
A.

Q. Are you a practicing physician licensed by the State of Missouri? [If "NO", state your professional expertise.]
A.

Q. Have you examined or treated Respondent within the last sixty days? If the answer is yes, give the date of your most recent contact.
A.

Q. List any disease, condition, or impairment that you observed the Respondent to be suffering which limited the Respondent's ability to provide for Respondent's ordinary human needs for food, shelter, clothing, safety, and medical care.
A.

Q. List any disease, condition, or impairment that you observed the Respondent to be suffering which limited the Respondent's ability to manage income, assets, and financial resources for the Respondent's support and benefit.
A.

Q. Please indicate, based upon your professional observations and opinion, which of the items below, if any, the Respondent is unable to do without substantial help from others:

- A. Effectively communicate personal needs and requests
 Walk
 Select suitable clothing and dress self
 Feed self
 Bathe, toilet and do personal grooming
 Self administer medication, following prior instructions
 Take steps to provide for personal safety
 Make proper health care decisions
 Understand the nature of income and property owned
 Collect income and pay living expenses
 Manage savings and investments
 Protect self against financial imposition
 Make sensible purchases of needed items

Q. Please indicate the item below, if any, which you observed or professionally conclude, apply to the Respondent.

- A. Hearing impaired or deaf
 Blind
 Comatose
 Lacking short term memory
 Disoriented to () person, () time, () place
 Mentally retarded

Q. In your professional opinion is the Respondent unable, by reason of physical or mental condition, to receive and evaluate information or communicate decisions to such an extent that Respondent lacks the capacity to meet the essential requirements for food, clothing, shelter, safety or other needed care, such that serious injury, illness or disease is likely to occur if the Respondent is not given help or protection?

A.

Q. In your professional opinion is the Respondent unable, by reason of physical or mental condition, to receive and evaluate information or communicate decisions to such an extent that Respondent is unable to manage income, property, or other financial resources?

A.

Q. State other facts or opinions concerning the respondent which you wish to present to the Court which will be deciding whether or not to appoint a guardian to care for the Respondent and whether or not to appoint a conservator to administer Respondent's financial resources.

A.

Physician's signature

STATE OF MISSOURI)
) SS
COUNTY OF BUCHANAN)

On _____, 200__, the above witness personally appeared before me, and after being duly sworn, stated under oath that the answers written and given above were the witness' true answers to the questions. I certify the witness signed and swore to this written deposition in my presence on the date stated above.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at my office in Buchanan County, Missouri, on the date above written.

Notary Public

SEAL

My Commission expires _____.