

IN THE SUPERIOR COURT OF GUAM

IN THE MATTER OF THE GUARDIANSHIP

OF

_____,

An Adult,

BY

_____,

Petitioner(s).

Superior Court Case No. SP _____

**SUBMISSION OF
MEDICAL EVALUATION
[CONFIDENTIAL]**

INSTRUCTIONS: The attached evaluation should be filled out by a medical professional and then filed by the Guardian with the Court prior to hearing on the Petition for the Appointment of a Guardian over an adult, or at any time ordered by the Court.

Use additional pages if necessary.

IN THE SUPERIOR COURT OF GUAM

IN THE MATTER OF THE GUARDIANSHIP OF

STATEMENT OF MEDICAL EVALUATION

An application for guardianship over the above-named individual has been filed. This medical evaluation does not declare the individual competent or incompetent, but is evidence to be considered by the Court. The fee for completing this evaluation WILL NOT be paid by the Probate Court. Each evaluator should secure payment from the Applicant/Guardian.

This Statement of Expert Evaluation must be filled out by a licensed physician or medical professional.

1. Statement completed by: _____
Name & Title/Profession: _____
Business Address: _____
Business Telephone Number: _____

2. Date(s) of evaluation: _____
Place(s) of evaluation: _____
Amount of time spent on evaluation: _____
Length of time the individual has been your patient: _____

3. Is the individual presently under medication? Yes No If yes, what is the medication, dosage, and purpose? _____

Are there any signs of physical and/or mental impairments caused by the medications themselves? _____

4. Is the individual mentally impaired? Yes No If yes, indicate the diagnosis below:
 Developmental Disabilities: _____
 Profound Severe Moderate Mild
 Mental Illness: Type and Severity _____

Substance Abuse: Description _____

Dementia: Description _____

Other: Description _____

Please provide additional comments and test scores if available. (Continue comments on page 4): _____

5. Is the individual physically impaired? Yes No If yes, description:

6. List any accommodations or devices that may assist any physical impairments: _____

7. Are there any special characteristics of the individual which should be considered in evaluating the individual for guardianship: Yes No If yes, explain:

8. Are there any indication of abuse, neglect or exploitation of the individual? Yes No
 If yes, explain: _____

9. Do you believe the individual is capable of caring for the individual's activities of daily living or making decisions concerning medical treatments, living arrangements and diet? Yes No
 If no, explain: _____
10. Do you believe this individual is capable of managing his or her finances and property?
 Yes No If no, explain:

11. Prognosis:
 A. Is the condition stabilized? Yes No
 B. Is the condition reversible: Yes No
12. Does the individual have the ability to attend court hearings in person? Yes No
13. Does the individual require any special device (wheelchair, hospital bed, etc.) in order to attend court hearings? Yes No Identify: _____
14. If there is additional information the Court should consider in its determination that the individual is incompetent as defined in the law¹, please explain:

¹ Guam law defines an "incompetent person, incompetent or mentally incompetent... as any person, whether insane or not, who by reason of old age, disease, weakness of mind or other cause, is unable, unassisted, properly to manage and take care of himself or his property, and by reason thereof is likely to be deceived or imposed upon by artful or designing persons." 15 GCA § 3801.

