

GN _____

IN THE MATTER OF THE
GUARDIANSHIP OF
_____,
AN INCAPACITATED PERSON

COUNTY COURT OF
LAW NO _____ &
PROBATE COURT OF
BRAZORIA COUNTY,
TEXAS

**DOCTOR'S LETTER FOR DETERMINATION OF RESTORATION
OF WARD'S CAPACITY, OR MODIFICATION OF GUARDIANSHIP
Section 1202.152**

Ward/Patient: _____ **Date of Birth:** _____

Physician's Name: _____

Address: _____

Phone No.: _____ **Fax No.** _____

Date of examination: _____, 20____.

I am a physician currently licensed in the State of Texas. I have been the doctor for the Ward/Patient (hereinafter "Ward") since _____, _____. Based upon my examination and my observations, the following is my opinion of the Ward:

Please answer the following questions:

1. Does the Ward suffer from dementia? Yes* No
*If yes, the severity is: ____ Mild ____ Moderate ____ Severe
*If yes, please describe the physical and mental conditions underlying the dementia:

2. Is an Intellectual Disability the basis of the Ward's incapacity? Yes* No
*If yes, the severity is: ____ Mild ____ Moderate ____ Severe

3. Does Ward suffer from Autism? Yes No

4. Does Ward suffer from a developmental disorder? Yes* No

*If yes, please describe developmental disorder:

5. Physical diagnoses related to the incapacity:

A) _____ B) _____

___ Mild ___ Moderate ___ Severe ___ ___ Mild ___ Moderate ___ Severe

Prognosis:
Treatment:

Prognosis:
Treatment:

C) _____

D) _____

___ Mild ___ Moderate ___ Severe

___ Mild ___ Moderate ___ Severe

Prognosis:
Treatment:

Prognosis:
Treatment:

6. Mental Diagnosis related to the incapacity:

A) _____ B) _____

___ Mild ___ Moderate ___ Severe

___ Mild ___ Moderate ___ Severe

Prognosis:
Treatment:

Prognosis:
Treatment:

C) _____

D) _____

___ Mild ___ Moderate ___ Severe

___ Mild ___ Moderate ___ Severe

Prognosis:
Treatment:

Prognosis:
Treatment:

6. Does the Ward's physical or mental condition affect his/her ability to make or communicate responsible decisions? No Yes*

*If yes, please describe.

7. Would any prescribed medications for Ward affect his/her ability to participate fully in a court proceeding? Yes* No

*If yes, please describe.

8. Based on the nature and degree of the incapacity, in the physician's opinion **the Ward has the capacity, OR SUFFICIENT CAPACITY WITH SUPPORTS AND SERVICES, to:**

A) Provide for themselves **or** with assistance:

Food: Yes No

Clothing: Yes No

Shelter: Yes No

B) Physical health: Yes No

C) Manage financial affairs themselves **or** with assistance: Yes No

THEREFORE, it is my opinion the Ward (check one):

_____ **IS NOT AN INCAPACITATED PERSON**, in accordance with the Texas Estates Code, based on my responses of "Yes" to **all** of the items listed in #8 indicating that the Ward is able to manage these areas themselves or with assistance, or

_____ **IS PARTIALLY INCAPACITATED**, in accordance with the Texas Estates Code, based on my responses of "Yes and No" to the items listed in #8, and a guardian is necessary to make decisions for the Ward only concerning the matters which are marked "No"; or

_____ **IS TOTALLY INCAPACITATED**, in accordance with the Texas Estates Code, based on my responses of "No" to **all** of the items in #8 above, indicating the Ward is unable to manage these areas themselves or with assistance, but needs a legal guardian to make all decisions.

Please state below how the Ward's condition has improved whereby a full guardianship may not be necessary.

Please include any additional information about the Ward that may assist the Court in making its determination to modify or close the guardianship, restoring some or all rights to the Ward:

Signed: _____
Physician's Signature

Date: _____, 20__.

Physician's Printed Name

License # _____

