

# STATE OF MAINE

\_\_\_\_\_ COUNTY PROBATE COURT<sup>1</sup> DOCKET NO. \_\_\_\_\_

IN RE: \_\_\_\_\_ PHYSICIAN'S /PSYCHOLOGIST'S  
GUARDIAN /CONSERVATOR  
PROCEEDING<sup>2</sup>

I, \_\_\_\_\_, am a physician/psychologist  
licensed to practice in Maine, having an office at \_\_\_\_\_.

My professional relationship with the above-named person is as follows:

I examined her/him on \_\_\_\_\_.

I found the following:

1. History pertinent to current condition:

2. Diagnosis:

3. Prognosis

4. If the appointment of a guardian is sought (answer either A **OR** B):<sup>3</sup>
- \_\_\_ A. It is my opinion that the mental and functional condition of the above-named person to care for himself/herself and/or to make, communicate or implement decisions about her/his well-being is limited., and s/he is incapable of performing ANY of the tasks listed in 4(B). **OR**
- \_\_\_ B. I have checked below all things I believe the patient does possess sufficient mental and physical capacity to perform, and I have indicated when appropriate, whether such functions can be performed only with assistance:
- \_\_\_ (1) Establish his/her place of abode.
  - \_\_\_ (2) Place himself/herself in any hospital or any other institution
  - \_\_\_ (3) Make provisions for his /her care, comfort and maintenance.
  - \_\_\_ (4) Give or withhold consents or approvals related to medical or other professional care, counsel, treatment or service.
  - \_\_\_ (5) To manage, protect, and expend assets and income consistent with 18-A M.R.S.A. § 5-312.

5. If the appointment of a conservator is sought (answer either A **OR** B):<sup>4</sup>
- \_\_\_ A. It is my opinion that the mental and functional condition of the above-named person to manage his/her property and financial affairs is limited and that s/he is incapable of performing any of the tasks listed in 5(B). **OR**
- \_\_\_ B. I have checked below all things I believe the patient does possess sufficient mental and physical capacity to perform, and I have indicated when appropriate, whether such functions can be performed only with assistance.
- \_\_\_ (1) Receive money and tangible property and apply the money and property for his/her support, care and education.
  - \_\_\_ (2) Collect, hold and retain assets (including real estate).
  - \_\_\_ (3) Deposit and withdraw funds.
  - \_\_\_ (4) Invest and reinvest his/her assets.
  - \_\_\_ (5) Dispose of assets.
  - \_\_\_ (6) Pay bills.
  - \_\_\_ (7) Establish and use credit and borrow money.
  - \_\_\_ (8) Pay, settle, prosecute or contest any claim.
  - \_\_\_ (9) Sell or exercise stock subscription or conversion rights.
  - \_\_\_ (10) Enter into any contract, financial commitment or lease.
  - \_\_\_ (11) participate in the operation of any business enterprise.
  - \_\_\_ (12) Vote a security, in person or by general or limited proxy.
  - \_\_\_ (13) Make ordinary or extraordinary repairs or alterations to or in buildings or other structures belonging to him/her.
  - \_\_\_ (14) Employ persons, including attorneys, auditors, investment advisors or agents, to advise or assist her/him.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Physician/Psychologist

<sup>1</sup> See M.R.Prob.P. 84 (Official form may serve as guide.); *see also* Mitchell and Hunt, *Maine Probate Procedure: Guide to Official and Recommended Forms* § 1.01 (These Waldo County's revised forms are non-mandatory, simply preferred for the uniform citation(s) and formatting for interactive use online.).

<sup>2</sup> See 18-A M.R.S.A. §§5-303 and 5-407 (Report due to court and parties 10 days before hearing.).

<sup>3</sup> See 18-A M.R.S.A. §5-304(a) (The development of maximum self-reliance and independence of the patient must be encouraged whenever possible.).

<sup>4</sup> See 18-A M.R.S.A. §5-408.

I certify that I have made no alteration to the official form as most recently approved and promulgated by the Supreme Judicial Court (and as reproduced for interactive format by Waldo County Probate Court). I also certify that I have met the standards under M.R.Prob.P. 84(b).

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Preparer Signature

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Typed or Printed Name of Preparer