

(Reverse of Form 17.1)

5. A. Is there observed or reported evidence of mental impairment?

Yes _____ No _____ Describe: _____

B. If reported, name source: _____

6. If the prospective ward is mentally impaired, what is the cause? _____

7. A. Is there observed or reported evidence of physical impairment?

Yes _____ No _____ Describe: _____

B. If reported, name source: _____

8. Can the prospective ward conduct business affairs without the aid of a guardian?

Yes _____ No _____ Comments: _____

9. Can the prospective ward properly care for himself without the aid of a guardian?

Yes _____ No _____ Comments: _____

10. (TO BE COMPLETED IF SUBMITTED WITH A GUARDIAN'S REPORT)

In my opinion, the guardianship should be: Continued _____ Terminated _____.

11. (TO BE COMPLETED IF SUBMITTED WITH AN APPLICATION FOR GUARDIANSHIP)

In my opinion, the application for guardianship: Should be granted _____ Should not be granted _____.

ADDITIONAL COMMENTS

I certify that I have examined and evaluated I full name
for the purpose of guardianship.

Date of Evaluation _____

Evaluator