



4. Based upon my examination and evaluation of the Respondent it is my opinion that (please check):

Guardianship is not needed

Guardianship is needed, and the type and scope of the guardianship needed and the reasons therefore are as follows (please print):

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5. My recommendation as to the most appropriate treatment or habitalational plan and living arrangement for the Respondent and the reasons therefore are as follows (please print):

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6. The signatures of all persons who performed the evaluation upon which this report is based, one of whom shall be a licensed physician. The evaluations were performed within 3 months of the filing of the petition:

Preparer of Report:

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|-----------|------------|--------------------|
| Signature | Profession | Date of evaluation |
|-----------|------------|--------------------|

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|                     |         |              |
|---------------------|---------|--------------|
| Name (Please Print) | Address | Phone Number |
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Performers of evaluation upon which this report is based:

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|------|------------|--------------------|
| Name | Profession | Date of evaluation |
|------|------------|--------------------|

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|      |            |                    |
|------|------------|--------------------|
| Name | Profession | Date of evaluation |
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