

FORM DOCTOR'S LETTER FOR USE IN
VICTORIA COUNTY PROBATE COURTS
(Section 687 Probate Code)

Date: _____, 20__

Physician's name:

Physician's address:

Phone no.:

Judge Laura A. Weiser, County Court at Law No. 1 or
Judge Juan Velasquez, County Court at Law No. 2, or
Judge Donald R. Pozzi, County Judge, County Court
Victoria County Courthouse
115 N. Bridge
Victoria, Texas 77901

RE: In the Matter of the Guardianship of _____, an
Incapacitated Person

Dear Judge Weiser or Judge Velasquez:

I am a physician currently licensed in the State of Texas, I have been the doctor for
_____ ("Proposed Ward") since _____, _____. I
have examined the Proposed Ward on _____, 20___. Based upon that
examination and my observations, it is my opinion that the Proposed Ward is
incapacitated.

The extent of the Proposed Ward's incapacity is described in my answers to the following
questions:

1. What is the general nature and degree of the incapacity?

2. What is the Proposed Ward's medical history as it is related to the incapacity?

3. What is the prognosis, including the estimated severity, of the incapacity?

4. How and in what manner does the Proposed Ward's physical or mental health affect the Proposed Ward's ability to make or communicate responsible decisions concerning himself or herself?

5. Does any current medication affect the demeanor of the Proposed Ward? _____
Would this medication affect the Proposed Ward's ability to participate fully in a court proceeding? _____ Please describe these medications.

6. Is senility a diagnosis of the Proposed Ward's incapacity? _____ If so, please describe the precise physical and mental conditions underlying this diagnosis.

7. Is mental retardation the basis of the Proposed Ward's incapacity?

8. Is the Proposed Ward capable of operating a motor vehicle?

9. Is the Proposed Ward capable of making an informed decision concerning matters decided by a public vote?

10. It is my opinion that the Proposed Ward is incapable of personally handling or making decisions concerning the following matters which are marked NO below, and that the Proposed Ward is capable of personally handling and making decisions concerning the following matters which are marked YES below:

- _____ a. to handle a bank account; if YES, should the Court limit the amount in such account?
- _____ b. to contract and incur obligations.
- _____ c. to collect and file suit on debts, rentals, wages and other claims due Proposed Ward.
- _____ d. to pay, compromise and defend claims made against the Proposed Ward.
- _____ e. to apply for or consent to governmental services.
- _____ f. to apply for and to receive funds from governmental sources.
- _____ g. to enroll in public or private residential care facilities.
- _____ h. to make employment decisions.
- _____ i. to apply for psychological and psychiatric tests and evaluation.
- _____ j. to consent to disclosure of psychological and medical records.
- _____ k. to consent to medical and dental treatment and testing.
- _____ l. to make decisions relates to military service.
- _____ m. to enter into insurance contracts of every nature.
- _____ n. other _____
- _____ o. other _____

-

THEREFORE, it is my opinion that the Proposed Ward is incapacitated as stated in this letter and that a guardian should be appointed and granted the power necessary to act on the Proposed Ward's behalf and to make decisions for the Proposed Ward concerning the matters which are marked NO above.

FURTHERMORE, (answer YES to one of the following):

- _____ by responding NO to all the matters listed above, it is my opinion that the Proposed ward is totally without capacity.
- _____ by responding both YES and NO to the matters listed above, it is my opinion that the Proposed Ward is partially incapacitated.

11. I believe that the Court should also be aware of the following additional information, if any, which concerns the Proposed Ward and which is not included above, but which may be of interest to the Court.

Sincerely yours,