State of Minnesota **District Court**
Probate Division

County of _____ **Judicial District: _____**
Court File No. _____
Case Type: 14, Conservatorship

In Re: ☐ **Guardianship**
☐ **Conservatorship of**

_____

Physician's Statement in Support of Guardianship/Conservatorship (and Re: Respondent's Inability to Attend Hearing)

I, _____, the undersigned licensed physician, state that I am the attending physician of the person named above; that I have been the person's physician since, _____; and that I examined the person on _____, 20___, and the results of my examination are stated below:

Diagnostic impression and description:

_____
_____
_____
_____

Behavioral evidence to support petition for the appointment of a guardian or conservator:

_____
_____
_____
_____

DIAGNOSIS:

_____
_____

PROGNOSIS:

_____
_____

I ☐ **am** / ☐ **am not** of the opinion that the person is in need of a guardian or conservator to help in the care and management of the ☐ **person** / ☐ **estate** of the person.

I ☐ **am** / ☐ **am not** aware of the existence of a health care directive executed by the person named above, a living will, or any other similar document executed in another state and enforceable under the laws of this state.

If you are aware of the existence of any of the above-mentioned documents, please provide additional information: _____
_____.

Dated_____, 20_____

_____
Signature of Attending Physician
Address _____
_____
_____

PHYSICIAN'S STATEMENT RE: RESPONDENT'S INABILITY TO ATTEND HEARING

If the Person is Physically Unable to Attend the Hearing, Complete the Following:

By reason of the medical condition of the person named above as supported by the facts set forth in the above statement, it is my opinion that the person is unable to attend the hearing set for _____, 20____, on the petition requesting the appointment of a guardian or conservator for the person named above.

Dated _____ _____

Signature of Attending Physician