

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
_____ JUDICIAL DISTRICT

**IN THE MATTER OF THE GUARDIANSHIP OF _____,
AN INCAPACITATED INDIVIDUAL**

Case No. _____

This report is closed to the public and not open to inspection except by the court, parties to the guardianship proceeding or their counsel, other persons by order of the court for good cause, and others authorized by court rule.

REPORT OF EXPERT EXAMINER

Name of proposed ward:
Address:
Age:

Name of expert examiner:
Address:
Telephone number:

Date of examination:

1. I have been appointed by the court as the examining physician psychiatrist clinical psychologist advanced practice registered nurse physician's assistant.
2. I examined the proposed ward on the above-indicated date.
3. I report to the Court:
 - a. The nature of the proposed ward's incapacity is:

b. The degree to which incapacity affects the ability to engage in normal activities of daily living:

c. The proposed ward's medical history, pertinent to the present proceeding:

d. The proposed ward's psychological history pertinent to the present proceeding and how does it affect the functional abilities of the proposed ward:

e. My medical prognosis or psychological evaluation, including an estimate of the severity and duration of the current incapacity or disability of the proposed ward:

f. How the physical or mental health of the proposed ward will affect the proposed ward's ability to provide for personal needs:

g. The proposed ward is receiving the following medication(s):

h. The effect these medication(s) may have on the proposed ward's demeanor and ability to participate fully in any court proceeding or other procedure required by the court or by court rule:

i. The effect on the proposed ward of stopping the medication(s), or not taking the medication(s) as prescribed, which are listed in Paragraph 3(g):

j. The proposed ward should should not be permitted to possess a firearm.

Explain:

k. Additional observations or comments:

Expert Examiner

Date