

Honorable Judge of the  
County Court at Law  
and Probate Court of  
Brazoria County  
Angleton, Texas 77515

**Re: *In the Matter of the Guardianship of \_\_\_\_\_ ,  
an Incapacitated Person,***

Dear Judge:

I am a physician currently licensed in the State of Texas. I have been the doctor for \_\_\_\_\_ ("Proposed Ward") since \_\_\_\_\_, \_\_\_\_\_. I examined the Proposed Ward on \_\_\_\_\_, 20\_\_\_\_. Based upon the observation of my examination, 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:

<b>NO</b>	<b>YES</b>	
_____	_____	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 related 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 powers 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,

\_\_\_\_\_  
Name of Physician      -      Date

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone number