

**IN THE CIRCUIT COURT, XXXXXXXX JUDICIAL CIRCUIT
IN AND FOR XXXXXXXX COUNTY, FLORIDA
PROBATE DIVISION**

Incapacity Case No.: _____
Guardianship Case No.: _____

IN RE: The Guardianship of

Examinee Information Sheet Incapacity or Suggestion Case

Examinee's Name: _____

Sex: _____ DOB: _____ SSN: _____

Primary Language of Examinee: _____

Is an interpreter (language, deaf or impaired hearing) needed for the exam?

☐ Yes If yes, what language or deaf? _____

☐ No (Committee member may email all attorneys to coordinate an exam with an interpreter.)

Presently located at:

☐ Assisted Living Facility

☐ Skilled Nursing Facility

☐ Private Residence

☐ Hospital

☐ Other

Facility Name _____

Address (include Apt, Lot, Room, Gate Code, etc.)

Permanent Residence ☐ same of above

If different, Address (include Apt, Lot, Room, etc.)

Person(s) to Contact to arrange a date/time for the examination.

Name: _____

Telephone #: _____

Email: _____

Name: _____

Telephone #: _____

Email: _____

Additional Notes for Examiner:

To request additional information, the examiner may email the Clerk's Office at _____@_____ in regard to the contact information.