

**IN THE CIRCUIT COURT OF THE                JUDICIAL CIRCUIT  
IN AND FOR                COUNTY, STATE OF FLORIDA  
PROBATE, GUARDIANSHIP, TRUST AND MENTAL HEALTH DIVISION**

IN RE:

Case No.:

Division:

**EXAMINING COMMITTEE REPORT FOLLOWING  
PETITION ALLEGING INCAPACITY OR FOLLOWING SUGGESTION OF CAPACITY**

EXAMINEE'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

PERMANENT ADDRESS:  
\_\_\_\_\_

CURRENT LOCATION OF EXAMINEE:  
\_\_\_\_\_

PRIMARY LANGUAGE OF EXAMINEE: \_\_\_\_\_

Examiner is a:

- ☐ Physician
- ☐ Psychologist
- ☐ Gerontologist
- ☐ Registered Nurse
- ☐ Nurse Practitioner
- ☐ Licensed Social Worker or Mental Health Counselor
- ☐ Other: \_\_\_\_\_

Date Interview Conducted \_\_\_\_\_:

Interview Start Time:                **A.M.**

Interview End Time:                **A.M.**

Location of Interview:

\_\_\_\_\_

Others present during interview:

\_\_\_\_\_

If anyone other than the examinee answers questions, identify the other persons providing the answers here, and also note accordingly within your report:

\_\_\_\_\_

**A. RELEVANT HISTORY:**

1. Social History (Educational, Family, Vocational):

\_\_\_\_\_

2. Medical History (including dates of recent hospitalizations and reports of attending physicians):

\_\_\_\_\_

3. Mental Health & Substance Use Histories:

\_\_\_\_\_

4. Personal history provided by the examinee:

- a. Length of time in county:

\_\_\_\_\_

- b. Relatives residing in area:

\_\_\_\_\_

- c. Relatives out of area:

**B. COMPREHENSIVE EXAMINATION RESULTS:**

1. Physical examination:

a. Diagnoses:

\_\_\_\_\_

b. Prognoses:

\_\_\_\_\_

c. Current treatment, including medications:

\_\_\_\_\_

d. Additional recommended treatment:

\_\_\_\_\_

2. Mental health examination:

a. Diagnoses:

\_\_\_\_\_

b. Prognoses:

\_\_\_\_\_

c. Current treatment, including medication:

\_\_\_\_\_

d. Additional recommended treatment:

\_\_\_\_\_

i. Is the condition reversible? ☐ YES ☐ NO

ii. Is the condition stabilized? ☐ YES ☐ NO

iii. If mental health examination was not completed please explain:

\_\_\_\_\_

3. Functional assessment:

Findings:

b. Physical appearance of the examinee:

\_\_\_\_\_

c. Living situation of the examinee:

i. Examinee currently lives in:

- ☐ Home/Apartment Independently  
☐ Assisted Living Facility or Nursing Home  
☐ Home/Apartment with Live In Assistance  
☐ Other (Explain Below):  
\_\_\_\_\_

ii. If the examinee is living in own home:

Is the current placement appropriate? ☐ YES ☐ NO

If the examinee receives in home services is the level of services sufficient? ☐ YES ☐ NO

Explain: \_\_\_\_\_

d. Activities of Daily Living:

i. Bathing:

☐ Independent ☐ Needs some assistance ☐ Incapable  
☐ Notes: \_\_\_\_\_

ii. Dressing:

☐ Independent ☐ Needs some assistance ☐ Incapable  
☐ Notes: \_\_\_\_\_

iii. Toileting:

☐ Independent ☐ Needs some assistance ☐ Incapable  
☐ Notes: \_\_\_\_\_

iv. Feeding self:

☐ Independent ☐ Needs some assistance ☐ Incapable  
☐ Notes: \_\_\_\_\_

v. Mobility/Walking:

☐ Independent ☐ Needs some assistance ☐ Incapable  
☐ Notes: \_\_\_\_\_

vi. Preparing own meals:

☐ Independent ☐ Needs some assistance ☐ Incapable  
☐ Notes: \_\_\_\_\_

- vii. Using the telephone:  
☐Independent ☐Needs some assistance ☐Incapable  
☐Notes: \_\_\_\_\_
- viii. Maintain the residence including housework, laundry and cleaning:  
☐Independent ☐Needs some assistance ☐Incapable  
☐Notes: \_\_\_\_\_
- ix. Managing Finances:  
☐Independent ☐Needs some assistance ☐Incapable  
☐Note: \_\_\_\_\_  
(i.e. Writing checks and paying bills on time)
- x. Travel:  
☐Independent ☐Needs some assistance ☐Incapable  
☐Note: \_\_\_\_\_  
(i.e. Travel alone on public transportation, Schedule appointments and follow through)
- xi. Medication management:  
☐Independent ☐Needs some assistance ☐Incapable  
☐Note: \_\_\_\_\_  
(i.e. fill prescriptions as needed, knows medications, purpose and able to follow prescription directions, can dial 911 and appropriately respond to emergency medical situations)

### **C. COGNITIVE ASSESSMENT:**

List any tests administered and describe results:

\_\_\_\_\_

If none, explain: \_\_\_\_\_

#### 1. Memory:

\_\_\_\_\_

##### a. Short term:

\_\_\_\_\_

##### b. Remote:

\_\_\_\_\_

#### 2. Orientation to time, place and person:

\_\_\_\_\_

3. Confusion:

\_\_\_\_\_

4. Insight and judgment:

5. Risk for being exploited:

\_\_\_\_\_

6. Are there physical impairments that interfered with the cognitive assessment?

☐ YES

☐ Impaired hearing

☐ Impaired vision

☐ Impaired ability to communicate (describe below):

\_\_\_\_\_

7. Decision making ability

a. Simple:

\_\_\_\_\_

b. Complex:

8. Communication skills

a. Verbal:

\_\_\_\_\_

c. Written:

\_\_\_\_\_

9. Comprehension

d. Knowledge of financial affairs:

☐ Knows name and location of bank(s):

\_\_\_\_\_

☐ Knows nature and amount(s) of asset(s):

\_\_\_\_\_

☐ Source(s) and amount of income:

\_\_\_\_\_

10. Recommendations to improve the functional capacity of the examinee:

\_\_\_\_\_

11. Was there consultation with the family physician as required by F.S. 744.331(3)(a)?

☐ YES      ☐ NO

If no, please explain:

\_\_\_\_\_

12. Were clinical history and treatment records considered?

☐ YES      ☐ NO

If yes, please provide relevant information:

\_\_\_\_\_

13. Were prior psychological/social records or reports considered?

☐ YES      ☐ NO

If yes, provide relevant information:

\_\_\_\_\_

14. Other persons interviewed and their relationship to the examinee:

\_\_\_\_\_

**D. FUNCTIONAL EVALUATION OF THE PERSON'S ABILITY TO EXERCISE  
EACH OF THE FOLLOWING CIVIL RIGHTS:**

1. MARRY (The examinee's knowledge of marital status, understanding of the significance of marriage, divorce or remarriage with respect to financial and other legal issues, vulnerability to manipulation in this context.)

a. Does the examinee have sufficient capacity to exercise this right? ☐ YES    ☐ NO

b. Describe the nature and extent of incapacity (if any):

\_\_\_\_\_

c. The factual basis for determining that this person lacks the capacity to exercise the

right listed above is:

\_\_\_\_\_

2. VOTE (The examinee's knowledge of the political process and resistance to pressure to vote a particular way.)

- a. Does the examinee have sufficient capacity to exercise this right? ☐YES ☐NO  
b. Describe the nature and extent of incapacity (if any):

\_\_\_\_\_

- c. The factual basis for determining that this person lacks the capacity to exercise the right listed above is:

\_\_\_\_\_

3. HAVE A DRIVER'S LICENSE (The examinee's understanding of any physical limitations, i.e. impaired mobility, impaired vision or hearing, delayed reaction time, or cognitive limitations, i.e. poor memory, confusion, impaired attention, that might impair driving abilities. The examinee's recent driving experiences and intentions with respect to the future driving.)

- a. Does the examinee have sufficient capacity to exercise this right? ☐YES ☐NO  
b. Describe the nature and extent of incapacity (if any):

\_\_\_\_\_

- c. The factual basis for determining that this person lacks the capacity to exercise the right listed above is:

\_\_\_\_\_

4. PERSONALLY APPLY FOR GOVERNMENT BENEFITS (The examinee's knowledge of benefits to which he/she may be entitled, e.g. Medicare/Medicaid, Social Security, Social Security Disability/Supplemental Disability Income, Aid to Families with Dependent Children, food stamps, housing allowance.)

- a. Does the examinee have sufficient capacity to exercise this right? ☐YES ☐NO  
b. Describe the nature and extent of incapacity (if any):

\_\_\_\_\_

- c. The factual basis for determining that this person lacks the capacity to exercise the



right listed above is:

\_\_\_\_\_

5. TO TRAVEL *(The examinee's understanding of physical and/or cognitive limitations that might affect the ability to plan and carry out trips without risking safety or being taken advantage of by others.)*

a. Does the examinee have sufficient capacity to exercise this right? ☐ YES ☐ NO

b. Describe the nature and extent of incapacity (if any):

\_\_\_\_\_

d. The factual basis for determining that this person lacks the capacity to exercise the right listed above is:

\_\_\_\_\_

6. TO SEEK OR RETAIN EMPLOYMENT *(The examinee's understanding of any physical or cognitive limitations that affects his/her the ability to seek or retain employment. The person's understanding of the job market and ability to appraise the value of work that he or she might perform without being taken advantage of by others. Ability to recall instructions, maintain attention and concentration.)*

a. Does the examinee have sufficient capacity to exercise this right? ☐ YES ☐ NO

b. Describe the nature and extent of incapacity (if any):

\_\_\_\_\_

c. The factual basis for determining that this person lacks the capacity to exercise the right listed above is:

\_\_\_\_\_

7. TO CONTRACT *(The examinee's understanding of the legally binding and potentially adversarial nature of contracts and other, less formal agreements such as basic purchases.)*

a. Does the examinee have sufficient capacity to exercise this right? ☐ YES ☐ NO

b. Describe the nature and extent of incapacity (if any):

\_\_\_\_\_

- c. The factual basis for determining that this person lacks the capacity to exercise the right listed above is:
- \_\_\_\_\_

8. TO SUE AND DEFEND A LAWSUIT (The examinee's understanding of how the civil, non-criminal justice legal system operates, and his/her rights, privileges and responsibilities. The examinee's knowledge and understanding of any current or pending litigation, and ability to communicate and work with an attorney.)

- a. Does the examinee have sufficient capacity to exercise this right? ☐YES ☐NO  
b. Describe the nature and extent of incapacity (if any):
- \_\_\_\_\_

- c. The factual basis for determining that this person lacks the capacity to exercise the right listed above is:
- \_\_\_\_\_

9. TO MANAGE PROPERTY OR TO MAKE ANY GIFT OR DISPOSITION OF (The examinee's knowledge of possessions, e.g. car, personal belongings, home, assets, stocks, retirement accounts, cash, savings account, and knowledge of sources of income, e.g. pension, social security income, annuities. The examinee's understanding of obvious or natural heirs, e.g. spouse, children, and relatives, and vulnerability of being taken advantage of by others. The examinee's knowledge of regular expenses or bills and ability to respond accordingly - e.g. mortgage payments, utility payments, insurance payments, etc.)

- a. Does the examinee have sufficient capacity to exercise this right? ☐YES ☐NO  
b. Describe the nature and extent of incapacity (if any):
- \_\_\_\_\_

- c. The factual basis for determining that this person lacks the capacity to exercise the right listed above is:
- \_\_\_\_\_

10. TO DETERMINE RESIDENCE (The examinee's knowledge of current physical or cognitive limitations and the implications of this for making decisions about where and with whom to live.)

- a. Does the examinee have sufficient capacity to exercise this right? ☐YES ☐NO  
b. Describe the nature and extent of incapacity (if any):
- \_\_\_\_\_

- c. The factual basis for determining that this person lacks the capacity to exercise the

right listed above is:

\_\_\_\_\_

11. TO CONSENT TO MEDICAL TREATMENT *(The examinee's knowledge of current physical and mental health problems and current or recommended treatments. The examinee's ability to weigh and consider various treatment options that may be presented to him or her currently or in the future.)*

a. Does the examinee have sufficient capacity to exercise this right? ☐ YES ☐ NO

b. Describe the nature and extent of incapacity (if any):

\_\_\_\_\_

c. The factual basis for determining that this person lacks the capacity to exercise the right listed above is:

\_\_\_\_\_

12. TO MAKE DECISIONS ABOUT SOCIAL ENVIRONMENT OR OTHER SOCIAL ASPECTS OF LIFE *(The examinee's ability to identify persons who may take advantage of him or her; the examinee's judgment with respect to getting into situations that may place him or her at increased risk for harm or undue influence.)*

a. Does the examinee have sufficient capacity to exercise this right? ☐ YES ☐ NO

b. Describe the nature and extent of incapacity:

\_\_\_\_\_

c. The factual basis for determining that this person lacks the capacity to exercise the right listed above is:

\_\_\_\_\_

**As a member of the examining committee I have assessed the examinee and recommend the following:**

☐ A plenary guardianship – The examinee's capacity to exercise **all** rights is significantly impaired.

☐ A limited guardianship – The examinee's capacity to exercise **certain** rights is significantly impaired, as identified in section "D." above.

☐ A guardianship should not be instituted – The examinee's capacity to exercise his or her rights is not incapacitated.

**E. Other comments, observations, and recommendations not included above:**  
Additional narrative may be attached.

**Date:** \_\_\_\_\_

**Committee Member's Printed Name:** \_\_\_\_\_

**Committee Member's Signature:** \_\_\_\_\_