

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP OF

AN ALLEGED 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 lawyers, 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:

Email:

Date(s) of examination:

1. I have been appointed by the Court as the examining physician psychiatrist
clinical psychiatrist advanced practice registered nurse physician’s assistant.

2. I examined the proposed Ward on the date(s) indicated above.

I report to the Court:

3. The nature of the proposed Ward’s incapacity or disability is (*Paragraph 3 continues on next page*):

(Paragraph 3, continued.)

4. The degree to which the incapacity or disability affects the ability of the proposed Ward to engage in normal activities of daily living:

5. The proposed Ward's medical history, pertinent to the present proceeding:

6. The proposed Ward's psychological history pertinent to the present proceeding and how it affects the functional abilities of the proposed Ward:

7. My medical prognosis or psychological evaluation, including an estimate of the severity and duration of the proposed Ward's current incapacity or disability:

8. How the physical or mental health or condition of the proposed Ward will affect the proposed Ward's ability to provide for their personal needs:

9. The effect the proposed Ward's physical or mental health or condition may have on the proposed Ward's demeanor and ability to attend and participate fully in any court proceeding or other procedure required by the court or by court rule:

10. The proposed Ward is currently receiving the following medication(s):

11. The effect on the proposed Ward of stopping the medication(s), or not taking the medication(s) as prescribed, which are listed in Paragraph 10:

12. The effect the medication(s) listed in Paragraph 10 may have on the proposed Ward's demeanor and ability to attend and participate fully in any court proceeding or other procedure required by the court or by court rule:

13. The proposed Ward should should not be permitted to possess a firearm. Explain:

14. Additional observations or comments:

Dated _____.

Expert Examiner's Signature

Expert Examiner's Printed Name

Address City, State, Zip Code

Telephone Number Email Address