

**IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT  
KANE COUNTY, ILLINOIS**

Case No. \_\_\_\_\_

IN THE MATTER OF THE ESTATE OF (Alleged Disabled Person):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Date of Birth : \_\_\_\_\_

File Stamp

**PHYSICIAN'S REPORT**

\_\_\_\_\_, a physician licensed to practice medicine in all its branches in the State of Illinois, submits the following report on the above alleged disabled person.

1. Describe the nature and type of respondent's disability and an assessment of how the disability impacts on the ability of the respondent to make decisions or to function independently:
  
  
  
  
  
  
  
  
  
  
2. Describe the respondent's mental and physical condition and, where appropriate, describe educational condition, adaptive behavior, and social skills which have been performed within 3 months of the date of filing to this petition:
  
  
  
  
  
  
  
  
  
  
3. Your opinion as to whether guardianship is needed, the type and scope of the guardianship needed, and the reasons therefore:
  
  
  
  
  
  
  
  
  
  
4. Your recommendation as to the most suitable living arrangement and, where appropriate, treatment or habilitation plan for the respondent and the reasons therefore:

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

Physician's Name (please print): \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

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

**This report must contain the signatures of all person(s) who performed the evaluations upon which the report is based, one of whom must be a licensed physician, and a statement of the certification, license or other credentials that qualify the evaluators who prepared this report.**

1. Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Credentials: \_\_\_\_\_

2. Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Credentials: \_\_\_\_\_

3. Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Credentials: \_\_\_\_\_