

4. Based upon my examination and evaluation of the Respondent it is my opinion that (please check):

Guardianship is not needed

Guardianship is needed, and the type and scope of the guardianship needed and the reasons therefore are as follows (please print):

5. My recommendation as to the most appropriate treatment or habitation plan and living arrangement for the Respondent and the reasons therefore are as follows (please print):

6. The signatures of all persons who performed the evaluation upon which this report is based, one of whom shall be a licensed physician. The evaluations were performed within 3 months of the filing of the petition:

Preparer of Report:

Signature	Profession	Date of evaluation
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Name (Please Print)	Address	Phone Number
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Performers of evaluation upon which this report is based:

Name	Profession	Date of evaluation
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Name	Profession	Date of evaluation
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