**IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS**

**IN THE MATTER OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**An Incapacitated Adult**

**CASE NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Arkansas Code Annotated § 28-65-212 states:

(a) A professional evaluation of the incapacitated person shall be performed prior to the court

hearing on any petition for guardianship except when appointment is being made because of

minority, disappearance, detention, or confinement by a foreign power or pursuant to § 28-65-218.

The evaluation shall be performed by a professional or professionals with ***expertise appropriate***

***for the respondent’s alleged incapacity.***

(b) The evaluation shall include the following:

(1) The respondent’s medical and physical condition;

(2) His or her adaptive behavior;

(3) His or her intellectual functioning;

(4) Recommendation as to the specific areas for which assistance is

 needed and the least restrictive alternatives available.

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**PROFESSIONAL EVALUATION FOR GUARDIANSHIP**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

State of Arkansas

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of evaluator),

being duly sworn, on oath states:

I have the expertise needed to appropriately evaluate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(“**Respondent**”) regarding Respondent’s incapacitating condition. My qualifications are as

follows:

Degree and training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Professional licenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Length of time in profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership in professional associations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I last examined Respondent on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ and have had the

following other interactions with Respondent:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Respondent has been diagnosed with the following conditions that limit Respondent’s

capacity (incapacity is defined as lacking the understanding or capacity to make or communicate

decisions to meet the essential requirements for Respondent’s health or safety or to manage

Respondent’s estate):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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My general impressions of Respondent’s medical and physical condition are:

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Respondent’s intellectual functioning demonstrates the following limitations:

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I recommend assistance in the following areas (please check appropriate boxes and explain

why the Respondent cannot manage Respondent’s own life in these areas):

( ) Financial and business transactions, including management of Respondent’s estate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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( ) Matters of Respondent’s health, safety, and well-being:

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For these reasons, it is my opinion that Respondent **is** incapacitated and that a guardian

of the person and estate **should** be appointed. I have considered alternatives to a full guardianship

and believe that the guardian’s power and authority should be **unlimited**.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Printed Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Signature

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_

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