

COURT OF COMMON PLEAS OF COUNTY  
ORPHANS' COURT DIVISION

**DEPOSITION BY WRITTEN INTERROGATORIES  
OF PHYSICIAN OR LICENSED PSYCHOLOGIST**

IN THE MATTER OF

An Alleged Incapacitated Person

DOCKET NO.

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**PART I: PROFESSIONAL BACKGROUND**

1. Name: Title:

2. Professional Address:

3. Complete education information:

|               | Name of Institution | Type of Degree Received | Date Completed |
|---------------|---------------------|-------------------------|----------------|
| Undergraduate |                     |                         |                |
| Graduate      |                     |                         |                |
| Post-Graduate |                     |                         |                |
|               |                     |                         |                |
|               |                     |                         |                |

4. Do you have any professional licenses?

Yes

No

If **yes**, indicate type of license and date obtained:

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5. Do you have experience evaluating capacity?

Yes

No

If **yes**, indicate the basis of your experience:

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6. Have you ever testified in court or in an administrative proceeding regarding capacity or competency?

Yes

No

If **yes**, indicate the number of proceedings:

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**PART II: ALLEGED INCAPACITATED PERSON (AIP)**

7. Have you met with the AIP in person in connection with this proceeding?

- Yes
- No

If **yes**, indicate the date(s) and location of meetings with the AIP:

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8. Did you administer any tests to the AIP?

- Yes
- No

If **yes**, summarize the results or scoring of any tests administered:

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9. Prior to this proceeding, did you treat or counsel the AIP?

- Yes
- No

If **yes**, indicate the date(s) and location of past treatments:

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10. What is the present condition of the AIP? List all medical and psychiatric diagnoses and current conditions:

| Diagnoses | Conditions |
|-----------|------------|
|           |            |
|           |            |
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|           |            |
|           |            |

11. List all medications, including over-the-counter, that the AIP is taking. For each medication, indicate the prescribing physician and the diagnosis for which the medication was prescribed:

| Medication | Diagnosis | Prescribing Physician |
|------------|-----------|-----------------------|
|            |           |                       |
|            |           |                       |
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|            |           |                       |
|            |           |                       |
|            |           |                       |
|            |           |                       |

12. Indicate the AIP's ability to perform the following functions:

|                                                                                                                        | Unimpaired | Slightly Impaired | Moderately Impaired | Totally Impaired |
|------------------------------------------------------------------------------------------------------------------------|------------|-------------------|---------------------|------------------|
| Communicating decisions                                                                                                |            |                   |                     |                  |
| Receiving and evaluating information effectively                                                                       |            |                   |                     |                  |
| Managing finances (including paying bills, making deposits, withdrawals and working with other financial institutions) |            |                   |                     |                  |
| Making healthcare decisions (including selecting medical caregivers, and authorizing or refusing treatment)            |            |                   |                     |                  |
| Managing daily activities (including using the telephone, preparing food, house-cleaning, and shopping)                |            |                   |                     |                  |
| Maintaining personal care (including toileting, dressing, bathing, eating, and managing medications)                   |            |                   |                     |                  |
| Responding to emergency situations                                                                                     |            |                   |                     |                  |

An Incapacitated Person is defined as: "An adult whose ability to receive and evaluate information effectively and communicate decisions in any way is impaired to such an extent that he/she is partially or totally unable to manage his financial resources or to meet essential requirements for his/her physical health and safety."

13. In your professional opinion, is the AIP incapacitated?

- Yes - totally incapacitated
- Yes - partially incapacitated
- No

14. In your professional opinion, do you recommend a guardianship for the AIP?

- No
- Yes - Plenary Guardianship
- Yes - Limited Guardianship

14a. If you recommend a limited guardianship, explain the limitations of the AIP that would require assistance through appointment of a guardian, and those that the AIP can manage independently:

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**PART III: GUARDIANSHIP AND SERVICES**

15. Are there any circumstances, medical or otherwise, that create an urgent need for the appointment of a guardian for the AIP?

- Yes
- No

If **yes**, indicate reasons for emergency guardian:

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16. What type of assistance does the AIP require and what level of care and living circumstances do you recommend?

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17. What recommendations would you make concerning services necessary to meet the essential requirements for the AIP's physical health and safety?

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18. What recommendations would you make concerning management of the AIP's financial resources?

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19. Do you believe the AIP can regain capacity?

Yes

No

19a. Indicate reason(s) for response:

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20. The AIP has a right to attend the hearing and to be represented by counsel if he/she desires. The court, in making its evaluation, is generally required to see the AIP in person, absent circumstances that could cause harm. Putting aside questions of whether the court proceeding may be moderately upsetting or confusing to the AIP, do you believe that the AIP's presence in the courtroom would be harmful to the person's emotional or physical well-being?

Yes

No

20a. Indicate reason for response:

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21. Is there any other information that is relevant to your diagnosis that could assist the court in its determination of incapacity?

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I verify that the foregoing information is correct to the best of my knowledge, information and belief; and that this Verification is subject to the penalties of 18 Pa.C.S. § 4904 relative to unsworn falsification to authorities.

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*Date*

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*Signature*

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*Name (type or print)*

*Address*

*City, State, Zip*

*Telephone*