

**CERTIFICATE OF INCAPACITY AND REGARDING
THE NEED FOR GUARDIANSHIP**

In accordance with NRS 159.044(2)(j):

I, _____ (your name), am:

- A physician licensed to practice in the State of Nevada
- A physician employed by the Department of Veterans Affairs
- Employed by _____ (name of agency),
A governmental agency in the State of Nevada who conducts investigations.
- Employed by _____ (name of agency).
The title of my position is _____ and I qualify
to execute this Certificate for the following reasons: _____

_____.

It is my opinion that the adult patient, _____, suffers from a
diagnosis of: _____

It is my opinion that this patient is or is not a danger to himself/herself or to others.

It is my opinion that (check all that apply):

- The patient is able to attend the guardianship Court hearing
- The patient would not comprehend the reason for the Court hearing or be able to
contribute to the proceeding
- Attending the Court hearing would be detrimental to the patient

It is my opinion that this patient:

- is or is not capable of living independently;
- with or without assistance. If patient requires assistance, please explain:

In accordance with NRS 159-052 (1)(a):

It is my opinion that this patient is unable to respond (check all that apply):

- To a substantial and immediate risk of physical harm
- To an immediate need for medical attention
- To a substantial and immediate risk of financial loss
- None of the above

It is my opinion that this patient:

- Is or has been subject to abuse, neglect or exploitation
- Has not been subject to abuse, neglect or exploitation

In accordance with NRS 159.044:

It is my opinion that this patient needs a guardian of:

- Person (only)
- Estate (only)
- Person and Estate

Dated this _____ day of _____, 20____.

(Physician's Signature)

(Printed Name)