

STATE OF SOUTH CAROLINA

COUNTY OF HORRY

IN THE MATTER OF:

,
an alleged incapacitated individual.

▲ PROBATE COURT USE ONLY ▲ IN THE PROBATE COURT CASE NUMBER -GC- - PHYSICIAN'S AFFIDAVIT FOR EMERGENCY OR TEMPORARY PROCEEDINGS

I examined _____, the alleged incapacitated individual (A.I.I.), as follows:

DATE OF EXAMINATION:

PLACE OF EXAMINATION:

1. As of the date of the examination, to a reasonable degree of medical certainty the A.I.I.:
(check applicable boxes)

is able to effectively receive, evaluate or respond to information or to make or communicate decisions with appropriate, reasonably available supports and assistance [as defined in S. C. Code Ann. § 62-5-101(23)] in order to:

- meet the essential requirements for his/her physical health, safety, or self-care.
- manage property or financial affairs to provide for his/her support or the support of his /her legal dependents.

is unable to effectively receive, evaluate or respond to information or to make or communicate decisions with appropriate, reasonably available supports and assistance [as defined in S.C. Code Ann. § 62-5-101(23)] in order to:

- meet the essential requirements for his/her physical health, safety, or self-care.
- manage property or financial affairs to provide for his/her support or the support of his /her legal dependents.

2. There is a likelihood of irreparable or substantial harm to the A.I.I.'s health, safety, or welfare due to his/her inability to make or communicate decisions as follows:

SWORN to before me this _____ day of _____, 20____.

Print Name:
Notary Public for:
(State)
My Commission Expires: _____
(Date)

Physician Signature: _____
Print Name: _____
Practice Name: _____
Address: _____
Telephone: _____
Email: _____