|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF HORRY | ) |  |
|  | ) |  |
|  | ) |  |
| IN THE MATTER OF: | ) | PROBATE COURT USE ONLY |
| , | )  ) | IN THE PROBATE COURT |
| an alleged incapacitated individual. | )  ) | 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 | Physician Signature: |  |
| , | | | | 20 | . | Print Name: |  |
|  | | | | | | Practice Name: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Address: |  |
| Print Name: |  | | | | |  |  |
| Notary Public for: | |  | | | | Telephone: |  |
|  | | (State) | | | | Email: |  |
| My Commission Expires: | | |  | | |  |  |
|  | | | (Date) | | |