

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____

-----X

Proceeding for the Appointment of a
Guardian for

**AFFIDAVIT (CERTIFICATION) OF EXAMINING
PHYSICIAN OR LICENSED PSYCHOLOGIST**

File No. _____

Pursuant to SCPA Article 17-A

-----X

STATE OF NEW YORK)
COUNTY OF) ss.:

I, _____, [] Physician [] Licensed Psychologist,
being duly sworn, deposes and says:

[PLEASE ANSWER ALL QUESTIONS]

1. My license number is : _____

2. My offices are located at: _____

3. My professional knowledge and/or background in the care and treatment of persons with [] intellectual disabilities
[] developmental disabilities is as follows:

4(a). I have examined the Respondent on: **[Set forth date(s).]**

(b). **[Check appropriate box(es) and explain where requested]:**

[] I have performed the following tests or evaluations of the Respondent. **[Set forth in detail the names
of tests and/or evaluations, dates performed and results.]**

[] I have reviewed the following tests or evaluations performed on Respondent. **[Set forth in detail the
names of tests and/or evaluations, dates performed, results and names of doctors who performed the
tests and/or evaluations.]**

5. The mental and physical condition of the Respondent is as follows: **[Describe in detail.]**

6. **[Check appropriate box(es)]:**

INTELLECTUALLY DISABLED

- Based upon the foregoing, it is my conclusion the Respondent is an intellectually disabled person and in my opinion incapable of managing himself/herself and/or his/her affairs by reason of an intellectual disability. The nature and degree of the intellectual disability is as follows:

DEVELOPMENTALLY DISABLED

- Based upon the foregoing, it is my conclusion that the Respondent is developmentally disabled and in my opinion he/she has an impaired ability to understand and appreciate the nature and consequences of decisions, which results in Respondent being incapable of managing himself/herself and/or his/her affairs by reason of developmental disability, and whose disability is attributable to:

(a) Cerebral palsy, which originated before the Respondent attained the age of twenty-two.
[Describe, in detail, the nature, degree and origin of the disability.]

(b) Epilepsy, which originated before the Respondent attained the age of twenty-two.
[Describe, in detail, the nature, degree and origin of the disability.]

(c) Neurological impairment, which originated before the Respondent attained the age of twenty-two.
[Describe, in detail, the nature, degree and origin of the disability.]

(d) Autism, which originated before the Respondent attained the age of twenty-two. **[Describe, in detail, the nature, degree and origin of the disability.]**

(e) Traumatic head injury. **[Describe, in detail, the nature, degree and origin of the disability.]**

(f) A condition, which originated before the Respondent attained the age of twenty-two, found to be closely related to an intellectual disability, because such condition results in similar impairment of general intellectual functioning or adaptive behavior to that of intellectually disabled persons. **[Describe in detail the condition, and the nature, degree and origin of the disability.]**

(g) Dyslexia resulting from a disability described in subdivision (a) through (f) or an intellectual disability which condition originated before the Respondent attained the age of twenty-two. **[Describe in detail the nature, degree and origin of the developmental disability or intellectual disability.]**

7. [Check appropriate box]:

- The condition of the Respondent is permanent in nature or likely to continue indefinitely.
- The condition of the Respondent is not permanent in nature nor likely to continue indefinitely.

8. [Check appropriate box]:

- There are no circumstances warranting Respondent’s nonappearance at the hearing required by the court.
- Respondent’s presence at the hearing should be dispensed with because he/she is medically incapable of being present to the extent that attendance is likely to result in physical harm to the Respondent. **[Explain in detail.]**

[] Respondent's presence at the hearing should be dispensed with for the following reasons: **[Set forth facts and circumstances which would result in the court finding that the Respondent's presence at the hearing would not be in his/her best interest.]**

9. **[Check appropriate box for an intellectually disabled person]:**

- [] Based upon the foregoing, it is my conclusion that the Respondent **is not capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.
- [] Based upon the foregoing, it is my conclusion that the Respondent **is capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.

10. **[Check appropriate box for a developmentally disabled person]:**

- [] Based upon the foregoing, it is my conclusion that the Respondent has a developmental disability, as defined in Section 1750-b(1) of the Surrogate's Court Procedure Act, which includes an intellectual disability, or results in a similar impairment of general intellectual functioning or adaptive behavior so that such person is incapable of managing himself or herself, and/or his or her affairs by reason of such developmental disability, and that the Respondent **is not capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.
- [] Based upon the foregoing, it is my conclusion that the Respondent **is capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.

Signature of Physician/Licensed Psychologist

Print Name

Sworn to before me this

_____ day of _____.

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)