

DATE _____

TO: _____

RE: _____

DOB _____

SS# _____

SEX _____

A Guardianship Petition is being initiated through my office for the above-identified person. A current medical letter of evaluation is needed for the proceedings in Probate Court. Attached is a memorandum outlining the requirements for such a letter. Please provide me with a current medical letter at your earliest convenience.

Thank you for your assistance in this matter.

Sincerely,

MICHAEL A. WELLS
Mental Health Claims Examiner/Investigator

Jackson County Courthouse
415 East 12th Street, Room 101
Kansas City, Missouri 64106

Phone: (816) 881-3146

IMPORTANT INFORMATION

TO: TREATING PHYSICIANS
FROM: OFFICE OF THE COUNTY COUNSELOR
RE: MEDICAL REPORTS FOR THE GUARDIANSHIP PROCEEDING

Please provide us with a medical report on your patient for a guardianship proceeding pending in the Jackson County Probate Court. As no petition will be considered by the Court without this report, your report is one of the most important pieces of evidence the Court and the attorneys in the case consider in determining the incapacity and disability of your patient. It is essential that your evaluation of the patient's mental status be as detailed as possible.

Your conclusions regarding the patient's condition must be factually substantiated and explained. Otherwise the Court may reject your report as legally insufficient, or at best, accord it little weight in its deliberation. The likely result would be the case's dismissal or continuance to a later date. In the latter case, you would be asked to amend your report or to appear in person to testify. Obviously, there will be cases where, in addition to your report, your testimony at Court may be needed in order to permit defense attorneys to cross-examine you before the court as to your opinions and various alternatives.

In order to facilitate your preparation of a legally sufficient evaluation, we have attached for your convenience an information sheet which outlines the information the Court requires. With your cooperation and assistance, we will be able to provide for the legal protection of your patient without undue delay or inconvenience.

Thank you for your help.

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MEDICAL REPORTS FOR GUARDIANSHIP PROCEEDINGS

Missouri law provides for the appointment of a guardian of the person for people who are incapacitated as defined by law. It also provides for a conservator of the estate for persons determined to be disabled as defined by law. The statutes also provide for the appointment of limited guardians and conservators for persons who retain the ability to make reasonable choices in certain areas of their life. Incapacity and disability are defined as follows:

An "incapacitated person" is one who is unable, by reason of any physical or mental condition, to receive and evaluate information or to communicate decisions to such an extent that the person lacks capacity to meet essential requirements for food, clothing, shelter, safety or other care, such that serious physical injury, illness or disease is likely to occur.

A "disabled person" is one who is unable, by reason of any physical or mental condition, to receive and evaluate information or to communicate decisions to such an extent that the person lacks ability to manage his financial resources.

A "partially incapacitated person" is one who is unable, by reason of any physical or mental condition, to receive and evaluate information or to communicate decisions to the extent that the person lacks capacity to meet, in part, essential requirements for food, clothing, shelter, safety or other care without court-ordered assistance.

A "partially disabled person" is one who is unable, by reason of any physical or mental condition, to receive and evaluate information or to communicate decisions to such an extent that the person lacks capacity to manage, in part, his financial resources.

Your report should include the following:

1. Identifying information: Include the patient's name, age, sex, race, dates of admission to and discharge from the hospital (if any), and reason for admission (if known).
2. Dates and Places of Examination.
3. Diagnosis of Mental Condition: State your opinion as to whether the patient is incapacitated, disabled, or both, and the reasons for your conclusion.
4. Narrative of the Facts Supporting Your Diagnosis: State any observations, including the results of tests, which you personally have made regarding the patient's orientation as to time, place or person, appearance, speech, memory, thought processes, insight and judgment, attention span, intelligence, mood and affect, alertness and examples of abnormal or inappropriate behavior including the patient's handling of financial matters. Please remember that while the Court is interested in knowing if your patient has a chronic condition, we must establish

that the patient is presently incapacitated, disabled or both. Therefore, examples of recent behavior are very important.

5. Physical Condition: Give a description of the patient's physical health. Please comment on any health problems or disability which may either cause or contribute to patient's inability to care for himself or his property.
6. Prognosis and Recommendation: Please state your prognosis for the patient. Please state whether, in your professional opinion, you believe a guardian should be appointed to care for the patient, a conservator appointed to manage his affairs, or both. Please make recommendations for treatment and placement, e.g., patient should be transferred to a boarding home, mental health institution or long term care facility.

This letter must be signed by an M.D. or D.O. The Probate Court requires a typed original. Please mail to Michael A. Wells, Mental Health Claims Examiner/Investigator, Jackson County Counselor's Office, Jackson County Courthouse -- Room 101, 415 East 12th Street, Kansas City, Missouri 64106.