

Filing Attorney Information or Pro Se Litigant:

Name _____
NJ Attorney ID Number
Law Firm/Agency Name
Address _____

Telephone Number _____

In the Matter of,

Name of Alleged Incapacitated Person (AIP)
an Alleged Incapacitated Person

Superior Court of New Jersey
Chancery Division - Probate Part
County _____
Docket Number _____

Civil Action
Certification of
Physician or Psychologist

I, _____, (check one) M.D., D.O., Ph.D., Psy.D., of full age,
hereby certify as follows:

1. This certification is made by me in support of an application for a declaration of incapacity for _____, an alleged incapacitated person.
2. _____ was born on _____. S/He is ___ years old. S/He weighs ___ pounds and is approximately _____ in height. S/He has _____ hair and _____ eyes.
3. Select one:
 I am a (check one) physician psychologist licensed to practice in the State of _____. I currently maintain an office at _____. I am, and have been, in the actual practice of _____ for ___ years.

OR

- I am an employee of the Division of Developmental Disabilities authorized to conduct psychological evaluations as part of my duties.
4. I earned a degree in _____, from _____. I received my license to practice in the State of ___ in _____. My area of specialty is _____.
 5. I examined the alleged incapacitated person on _____. This examination took place at _____.
 6. Select one:
 I have been treating the alleged incapacitated person for _____, since _____.

OR

- I am not treating the alleged incapacitated person for _____, but have merely examined her/him for the purpose of evaluating her/his mental capacity.

7. During my examination, I observed that s/he was (describe findings or attach report)

8. As a result of my examination and a review of her/his history, my diagnosis is _____ . The prognosis for recovery is _____ .

9. In my opinion, the alleged incapacitated person is:

unfit and unable to govern herself/himself and to manage her/his affairs in all areas.

OR

unfit and unable to govern herself/himself and to manage her/his affairs in **some** areas but **does have capacity** in the areas listed below (select all that apply):

medical decision making legal decision making residential decision making

educational decision making vocational decision making financial decision making

other (please describe) _____

10. My opinion is based upon the examination of the alleged incapacitated person, and the history of her/his condition. The factual basis for my diagnosis and prognosis, and my opinion as to any areas in which the individual retains capacity, is: (describe or attach report)

11. It is my opinion that the alleged incapacitated person (check one) is is not capable of attending the court hearing in this matter. If the alleged incapacitated person is not capable of attending the court hearing the following are the reasons for the individual's inability:

12. I am not related either through blood or marriage, to the alleged incapacitated person, nor to a proprietor, director or chief executive officer of any institution for the care and treatment of the mentally ill in which the alleged incapacitated person is living or in which it is proposed to place her/him; nor am I professionally employed by the management thereof as a resident physician or psychologist; nor am I financially interested therein.

I hereby certify and say that the foregoing statements made by me are true to the best of my knowledge, and that I will supplement this form as may be necessary should additional information become available. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature

Print Name