

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)
)
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: _____