|  |  |  |
| --- | --- | --- |
| 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) |