

Form E
IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA
PROBATE GUARDIANSHIP DIVISION

IN RE:
GUARDIAN ADVOCACY OF

CASE NO. - CP -

DIVISION:

Developmentally Disabled.

_____ /

REPORT OF ATTENDING PHYSICIAN

PHYSICIAN'S NAME:

PHYSICIAN'S PRACTICE, INCLUDING SPECIALTY:

FOR: { patient:} _____

(DATE:) _____

This will verify that {patient} _____
has been a patient of mine since (date) _____
and that my diagnosis and the associated disabilities, are as follows {describe diagnosis and
disabilities:} _____

With the extent of these medical problems, I feel that _____
is unable to handle personal matters regarding finances and physical well-being and that a
guardian advocate should be appointed to act on { his / her } behalf.

PHYSICIAN'S SIGNATURE

DATE: _____