



Case No. \_\_\_\_\_

4. Is the petitioner mentally competent? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is the petitioner physically impaired? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Is there observed/reported evidence of physical infirmity? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. If the petitioner is physically impaired, what is the cause? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Can the petitioner conduct business without the aid of a conservator?

\_\_\_\_\_ Yes \_\_\_\_\_ No      Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Can the petitioner properly care for himself/herself without the aid of a conservator?

\_\_\_\_\_ Yes \_\_\_\_\_ No      Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I/We have evaluated the petitioner on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,  
for the purpose of a conservatorship.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator