

**INSTRUCTIONS FOR SUBMITTING EXPERT TESTIMONY BY
ANSWERS TO WRITTEN DEPOSITION**

To establish incapacity, the petitioner must present testimony from an individual qualified by training and experience in evaluating persons with incapacities of the type alleged by the petitioner. As an accommodation to such expert witnesses, the Court will accept such testimony by answers to written interrogatories rather than require their testimony.

**IT IS THE OBLIGATION OF COUNSEL OR A PARTY
OFFERING EXPERT TESTIMONY BY ANSWERS TO
WRITTEN DEPOSITION TO ENSURE COMPLIANCE
WITH THESE INSTRUCTIONS**

In order for such testimony to be accepted by answers to Written Deposition, the following conditions must be met:

- 1) All of the following interrogatories are clearly and legibly answered or designated as “not applicable.”
- 2) The answers are signed and verified subject to the penalties of Title 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) by the individual offering such testimony.
- 3) A signed copy of the answers to the Written Deposition is filed with the Clerk of the Orphans’ Court at least three (3) business days before the hearing on the petition to establish incapacity.

The failure to satisfy ALL of the foregoing instructions may, *in the Court’s discretion*, result in the answers being rejected and require the testimony of the expert witness in person or by telephone, and may result in a delay or a rescheduling of the hearing.

COURT OF COMMON PLEAS OF ADAMS COUNTY
ORPHANS' COURT DIVISION

WRITTEN DEPOSITION

RE: _____
An Alleged Incapacitated Person (AIP)

DCOKET NO.: _____

PART I: PROFESSIONAL BACKGROUND (You may attach curriculum vitae, if it provides answers to questions 1 through 6. Please answer any of those questions not covered by curriculum vitae.)

1. Name: _____ Title: _____
2. Professional Address: _____
3. Complete education information: (To the extent your curriculum vitae does not provide all education information requested, please provide answers.)

	Name of Institution	Type of Degree Received	Date Completed
Undergraduate			
Graduate			
Post-Graduate			

4. Do you have any active professional licenses? YES NO
If yes, indicate in what state or states you are licensed. Also indicate the name of the issuing entity, type of license, and date obtained the type of license, the date issued and any board certifications.

5. Do you have experience evaluating any individual's capacity? YES NO
If yes, indicate the basis of your experience.

PART II: ALLEGED INCAPACITATE PERSON (AIP)

6. a. Have you previously treated, assessed, or evaluated the AIP?

YES NO

b. If **yes**, have you established a physician/psychologist-patient relationship with the AIP?

YES NO

c. If 6a. is yes, indicated the date(s) and location of the treatment, assessment, or evaluation over the last two (2) years:

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d. If 6a. is yes, what tests were administered, when and score, e.g., mini mental status exam (MMSE), Montreal Cognitive Assessment (MOCA), etc.?

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7. What is the present condition of the AIP? List all medical and psychiatric diagnoses and current conditions:

<u>Diagnosis</u>	<u>Symptoms/Manifestations</u>

8. List all medications, including over-the-counter, that the AIP is taking. For each medication, indicate the prescribing physician and the diagnosis for which the medication was prescribed: (You may attach a list from your records.)

<u>Medication</u>	<u>Diagnosis</u>	<u>Prescribing Physician</u>

9. Indicate the AIP's ability to perform the following functions:

	Unimpaired	Needs Some Help (Explain in #10)	Totally Impaired	Not Enough Information
Communicating decisions				
Receiving and evaluating information				
Short-term memory				
Long-term memory				
Activities of Daily Living:				
Eating				
Bathing				
Dressing				
Toileting				
Transferring				
Managing checking account/paying bills				
Shopping				
Handling transportation arrangements				
Preparing meals				
Using the telephone or other communications devices				
Understands medical conditions and needs				
Compliance with medical treatment				
Managing Medications				
Housework and basic home maintenance				
Responding to Emergency Situations				
Providing for physical safety				
Becoming susceptible to designing persons				

10. For any item in question 9 where the AIP “needs some help, “ please describe the type and extent of assistance needed.

11. What services are being provided to the AIP, if known, to meet the essential requirements for the physical health and safety of the AIP?

12. What services are being provided to the AIP, if known, to manage the AIP’s financial affairs?

13. What recommendations would you make concerning services necessary to meet the essential requirements for the AIP’s physical health and safety?

14. What recommendations would you make concerning management of the AIP’s financial resources?

15. An Incapacitated Person is legally defined as: “An adult whose ability to receive and evaluate information effectively and communicate decisions in any way is impaired to such an extent that he/she is partially or totally unable to manage his financial resources or to meet essential requirements for his/her physical health and safety.”

In your expert opinion, based on your knowledge, skills, experience, or education, is the AIP incapacitated?

- Yes, totally impaired Yes, partially impaired No

16. In my opinion, the most appropriate, least restrictive living situation for the AIP is (check one):

- Home (with part-time home health aide or 24/7 assistance)
- Independent living facility (room and board provided, emergency services readily available)
- Assisted living facility (room and board provided, needs daily assistance with some activities of daily living)
- Secure facility (Alzheimer’s/Mental Health for safety and basic needs)
- Long term care facility (requires substantial assistance with activities of daily living throughout the day)

17. In the next 6 months, I expect the AIP’s abilities (when totally impaired or needs some help—Question 9) to (Check best estimate):

- Stay the same Improve Decline

Please explain whether changes are likely to result in a change in capacity or a change in the need for a guardian.

PART III: GUARDIANSHIP AND SERVICES

18. Are there any circumstances, medical or otherwise, that create an urgent need for the appointment of a guardian for the AIP?

YES NO

If yes, indicate reasons for an emergency guardian:

19. The AIP is required to attend the hearing and to be represented by a lawyer if he/she desires. The court, in making its evaluation, is generally required to see the AIP in person, absent circumstances that could cause harm. Putting aside questions of whether the court proceeding may be moderately upsetting or confusing to the AIP, do you believe that the AIP's presence at the hearing would be harmful to the person's emotional or physical well-being?

YES NO

Indicate reason for response:

20. Is there any other information that could assist the court in its determination of incapacity and who should be appointed if the court appoints a guardian?

I verify that the foregoing information is correct to the best of my knowledge, information and belief; and that this Verification is subject to the penalties of 18 Pa.C.S. § 4904 relative to unsworn falsification to authorities.

Date

Signature

Name (type or print)

Address

City, State, Zip

Telephone