**IN THE CIRCUIT COURT, THIRTEENTH JUDICIAL CIRCUIT**

**IN AND FOR HILLSBOROUGH COUNTY, FLORIDA**

**PROBATE, GUARDIANSHIP AND TRUST DIVISION**

Incapacity Case No.      -MH-

Guardianship Case No.:      -CP-

IN RE: The Guardianship of

**Examinee Information Sheet – Incapacity or Suggestion Case**

Examinee’s Name:

Sex:       DOB:       SSN (last 4 digits):

Primary Language of Examinee:

Is an interpreter (language, deaf or impaired hearing) needed for the exam?

Yes If yes, what language or deaf? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No (Committee member may contact attorneys to coordinate an exam with an interpreter.)

Presently located at:

Assisted Living Facility Skilled Nursing Facility

Private Residence Hospital Other:

Facility Name:

Address (include Apt, Lot, Room, Gate Code, etc.)

Permanent Residence: same of above

If different, Address (include Apt, Lot, Room, etc.)

Person(s) to Contact to arrange a date/time for the examination.

Name:

Telephone #:

Email:

Name:

Telephone #:

Email:

Additional Notes for Examiner:

***To request additional information that may be needed to facilitate the examination or scheduling, the examiner may email*** [***mentalhealth@hillsclerk.com***](mailto:mentalhealth@hillsclerk.com) ***for Clerk’s Office assistance.***