



**Report of capacity to accompany applications to the Office of the Public Guardian under section 73(1) of the Act for recall of powers of a guardian relating to property and financial affairs.**

**PART A DETAILS OF REPORT WRITER AND ADULT**

I  (Full Name)

Being a medical practitioner with the following professional address:

(state full postal address for contact)

Telephone  E-mail

hereby confirm that I examined and assessed the following adult ("the adult")

Name

Residing at

(state full postal address for contact)

Date of Birth

On  (give date of examination and assessment)

**PART B DETAILS OF APPLICATION**

Name of applicant or person requesting report

Date of application (if known)

## **PART C FINDINGS OF EXAMINATION AND ASSESSMENT**

On the basis of my examination and assessment I am of the opinion that the adult named in Part A is no longer incapable in relation to decisions about, or of acting to safeguard or promote his/her interests in his/her financial and property affairs in relation to the matters covered in the guardianship order. The reason for my opinion is given below.

Please indicate the findings of your examination and assessment, so far as they relate to the adult's capacity in relation to the matters which are the subject of the guardianship order.

Please indicate the extent to which you have been able to communicate with the adult

Please indicate the extent to which you have been able to consult the nearest relative, primary carer, and anyone else having an interest in, or knowledge of, the adult.

Signed .....

Date .....