

This is a private record.

Name

Address

City, State, Zip

Phone

Email

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

<p>In the Matter of Protection for _____ Respondent</p>	<p>Physician's Statement Supporting Request to Excuse Respondent from the Hearing</p> <p>_____ Case Number</p> <p>_____ Judge</p>
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1. I am a physician licensed to practice in the state of _____.
2. The Respondent has: (Choose all that apply.)
 - fourth stage Alzheimer's disease;
 - extended comatosis;
 - an intellectual disability with an intelligence quotient score under 20 to 25.

Date

Signature ► _____

Printed Name _____

Certificate of Service

I certify that I filed with the court and am serving a copy of this Physician's Statement Supporting Request to Excuse Respondent from Hearing on the following people.

Person's Name	Service Method	Service Address	Service Date
(Petitioner or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Respondent or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

 Date

 Signature ►

 Printed Name