

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

For Clerk's Use Only

IN RE: _____ CASE NUMBER _____ - G - _____
AN ALLEGED PROTECTED PERSON

AFFIDAVIT OF PHYSICIAN
[*West Virginia Code: § 44A-2-9(c)*]

STATE OF _____,
COUNTY OF _____, to-wit:

This day, personally appeared before me the undersigned physician who, having been first duly sworn, says, represents and certifies as follows:

I, _____, a licensed physician in the State of _____, hereby certify that I have examined and/or evaluated the condition of **[insert name of alleged protected person here]** _____, and that in my expert opinion, this individual cannot attend the hearing addressing whether a guardian or conservator should be appointed for this individual for the following reasons **[check applicable reasons and provide supporting facts in spaces provided and attach additional pages, if necessary]**:

_____ The presence of the individual is not possible due to a physical inability. The basis for this opinion is as follows: _____

_____ Requiring the presence of the individual would significantly impair the individual's health.
Explain : _____

_____ Other Reason(s): _____

Given under my hand this _____ day of _____ [month], _____ [year].

SIGNATURE OF PHYSICIAN

The foregoing affidavit was taken, subscribed and sworn to before me by the said _____, in my said County and State on this, the _____ day of _____ [month], _____ [year].

Given under my hand and **NOTARIAL SEAL**
[AFFIX NOTARIAL SEAL]

NOTARY PUBLIC

My Commission Expires: _____