

*For Clerk's Use Only*

IN RE \_\_\_\_\_ CASE NUMBER \_\_\_\_\_ - G -  
AN ALLEGED PROTECTED PERSON

**AFFIDAVIT OF PHYSICIAN**

*W. Va. 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 the 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: \_\_\_\_\_