

**INSTRUCTIONS FOR SUBMITTING EXPERT TESTIMONY BY
ANSWERS TO WRITTEN INTERROGATORIES**

To establish incapacity, the petitioner must present testimony from an individual qualified by training and experience in evaluating persons with incapacities of the type alleged by the petitioner. As an accommodation to such expert witnesses, the Court will accept such testimony by answers to written interrogatories rather than require their testimony in person.

**IT IS THE OBLIGATION OF COUNSEL OFFERING
EXPERT TESTIMONY BY ANSWERS TO
WRITTEN INTERROGATORIES TO ENSURE
COMPLIANCE WITH THESE INSTRUCTIONS**

In order for such testimony to be accepted by answers to written interrogatories, the following conditions must be met:

- 1.) The issue of incapacity is not contested.
- 2.) The individual offering such testimony is currently licensed to practice medicine, osteopathy or psychology.
- 3.) All of the following interrogatories are clearly and legibly answered or designated as “not applicable”.
- 4.) The answers are signed and verified subject to the penalties of Title 18 Pa.C.S.A. § 4904 (relating to unsworn falsification to authorities) by the individual offering such testimony.
- 5.) The originally signed copy of the answers to the interrogatories are filed with the Clerk of the Orphans Court at least three (3) business days before the hearing on the petition to establish incapacity.

The failure to satisfy ALL of the foregoing instructions will result in the answers being rejected and require the testimony of the expert witness in person or by telephone, and may result in a delay or a rescheduling of the hearing.

IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

In Re.: Estate of _____)
_____) File No _____
_____)
An Alleged Incapacitated Person)

ANSWERS TO WRITTEN INTERROGATORIES UNDER TITLE 20 PA.C.S.A.
§ 5518 REGARDING INCAPACITY AND NEED FOR GUARDIANSHIP SERVICES

1.) My name is _____

and my office address is _____

2.) The colleges and graduate/professional schools I attended, the degrees I received

and the years in which such degrees were conferred are:

3.) I am currently licensed to practice (check as appropriate)

- Medicine
- Psychology
- Other (Specify) _____

in the states of _____

4.) I am currently Board certified in the field(s) of

5.) The name of the alleged incapacitated person is

and his/her date of birth is _____

6.) I first met the alleged incapacitated person in my professional capacity on

_____ and last saw him/her on _____

7.) (Complete part (a) or (b) as appropriate)

(a) I have been treating the alleged incapacitated person since

_____ and have since visited, spoken with, examined or treated him/her on

approximately _____ other occasions with an average frequency of

_____ times per (day, week, month, year) _____

The date and the reason for my most recent treatment were: _____

(b) I evaluated, but have not treated, the alleged incapacitated person on the

following dates: _____

8.) (Complete part (a) or (b) as appropriate):

(a) I did NOT administer a mini mental status exam to the alleged incapacitated person because: _____

(b) I administered a mini mental status exam to the alleged incapacitated person on _____ and the score was _____ out of _____

9.) I have not have reviewed the alleged incapacitated person's medical records, most recently on _____

10.) In my opinion, the alleged incapacitated person currently suffers from the following condition(s)/diagnosis(es):

Physical: _____

Mental: _____

Emotional: _____

Adaptive Behavior: _____

Social Skills: _____

Other: _____

11.) In my opinion, the alleged incapacitated person is impaired in the following ways and to the following extent (check as appropriate):

| | | | | |
|----------------------------------|-------------------------------|-------------------------------|-----------------------------------|---------------------------------|
| Receive and evaluate information | <input type="checkbox"/> N.A. | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Communicate decisions | <input type="checkbox"/> N.A. | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Short-term memory | <input type="checkbox"/> N.A. | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Long-term memory | <input type="checkbox"/> N.A. | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Oriented x 3 | <input type="checkbox"/> N.A. | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |

If the alleged incapacitated person is NOT generally oriented x 3, describe his/her general level of orientation:

| | | | | |
|---|-------------------------------|-------------------------------|-----------------------------------|---------------------------------|
| Understand his/her medical condition | <input type="checkbox"/> N.A. | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Understand his/her medical needs | <input type="checkbox"/> N.A. | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Is compliant with medical treatment/medication | <input type="checkbox"/> N.A. | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Provide for his/her physical safety | <input type="checkbox"/> N.A. | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Able to give informed consent | <input type="checkbox"/> N.A. | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Prepare own meals | <input type="checkbox"/> N.A. | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Perform personal/hygiene care | <input type="checkbox"/> N.A. | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Drive a motor vehicle safely | <input type="checkbox"/> N.A. | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Enter into a contract, e.g. marriage | <input type="checkbox"/> N.A. | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Pay own bills | <input type="checkbox"/> N.A. | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Manage own checking account | <input type="checkbox"/> N.A. | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Be susceptible to persons of designing influences | <input type="checkbox"/> N.A. | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |

Describe the extent to which the alleged incapacitated person could be taken advantage of by unscrupulous or “designing” persons:

12.) In my opinion, the prognosis for the alleged incapacitated person is:

13.) In my opinion, the most appropriate, least restrictive living situation for

the alleged incapacitated person is (check one):

- Home
- Independent living facility
- Assisted living facility
- Skilled care facility
- Secure facility

14.) In my opinion, the following other service(s) or assistance is/are necessary to meet the health or safety needs of the alleged incapacitated person:

15.) (a) Has any family or friends accompanied the alleged incapacitated person to your treatments or evaluation of the alleged incapacitated person? Yes No

If "yes", identify such individuals by name and relationship to the alleged incapacitated person:

(b) Are you otherwise acquainted with any of the alleged incapacitated person's family or friends? Yes No.

If "yes", identify such individuals by name and relationship to the alleged incapacitated person:

(c) In your opinion, which persons, if any, you identified in part (a) or (b) above

have the best interests of the alleged incapacitated person at heart AND should be considered by the Court for appointment to make decisions for the incapacitated person:

16.) The law requires the alleged incapacitated person be present at the hearing unless a physician or licensed psychologist testifies the physical or mental condition of the alleged incapacitated person would be harmed by his/her presence in court. Would the physical or mental condition of the alleged incapacitated person be harmed by his/her presence in court? _____. If so, specify the basis for such opinion:

I certify that all of my opinions are based upon my education, training, experience and contact with the alleged incapacitated person as described, and are stated to a reasonable degree of professional certainty. Further, I verify that the foregoing answers are true and correct to the best of my knowledge, information and belief. I understand that the statements herein are subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Dated: _____ Signature: _____