## PHYSICIAN'S REPORT/CERTIFICATE

		STATE OF ILLINOIS				
	CIRCUIT COURT FOR THE	JUDICIA	L CIRCUIT			
		COUNTY				
1 TH	E MATTER OF	)				
		)				
		)				
		, state				
1.	That I am a physician, licensed to practice medicine in all its branches in the State of Illinois.					
2.	. That on ,	, I examined	, I examined			
	(month/day)	(year)	(name)			
3.	That the following is a description, based on my examination, of the nature and type of					
	's disability:					
-	(name)					
4.	That the following is my evaluation of		s mental physical and educational			
	_	(name)				
	condition, adaptive behavior and social skills:					
	Mental:					
	Physical:					
	Edwartings					
	Adaptive behavior:					
	Social Skills					
	Social Skills:  5. That based on my examination and		it is my opinion that:			
	Social Skills:	(name)	it is my opinion that:			

Further, that the type and scope of the guardianship needed is as follows:

at the following described persons, whose signatures are listed at the bottom of this form, have assisted me in teparation and submission of this form to the court.    (name)		is as follows:		
at the following described persons, whose signatures are listed at the bottom of this form, have assisted me in reparation and submission of this form to the court.    (name)	(name)			
at the following described persons, whose signatures are listed at the bottom of this form, have assisted me in teparation and submission of this form to the court.    (name)				
at the following described persons, whose signatures are listed at the bottom of this form, have assisted me in teparation and submission of this form to the court.    (name)				
at the following described persons, whose signatures are listed at the bottom of this form, have assisted me in teparation and submission of this form to the court.    (name)				
at the following described persons, whose signatures are listed at the bottom of this form, have assisted me in the eparation and submission of this form to the court.    (name)				
at the following described persons, whose signatures are listed at the bottom of this form, have assisted me in the eparation and submission of this form to the court.    (name)				
at the following described persons, whose signatures are listed at the bottom of this form, have assisted me in the eparation and submission of this form to the court.    (name)				
at the following described persons, whose signatures are listed at the bottom of this form, have assisted me in the eparation and submission of this form to the court.    (name)				
at the following described persons, whose signatures are listed at the bottom of this form, have assisted me in the eparation and submission of this form to the court.    (name)				
at the following described persons, whose signatures are listed at the bottom of this form, have assisted me in the eparation and submission of this form to the court.    (name)				
(name) (name) (name) (position) (position)	hat the reasons for the above reco	mmendation are as follow	VS:	
(name) (name) (name) (position) (position)				
(name) (name) (name) (position) (position)				
(name) (name) (name) (position) (position)				
(name) (name) (name) (position) (position)				
(name) (name) (name) (position) (position)				
(name) (name) (name) (position) (position)				
(name) (name) (name) (position) (position)				
(name) (name) (name) (position) (position)				
(name) (name) (name) (position) (position)				
(name) (name) (name) (position) (position)				
(name) (name) (name) (position) (position)				
(name) (name) (name) (position) (position)				
(name) (name) (name) (position) (position)				
(name) (name) (name) (position) (position)				
(name) (name) (name) (position) (position)				
(name) (name) (name)  (position) (position) (position)	lowing described persons, whose and submission of this form to th	signatures are listed at the court.	e bottom of this form, ha	ve assisted me in the
(position) (position) (position)				
(position) (position) (position)				
	(name)	(name)		(name)
(signature)	(position)	(position)		(position)
(signature)				
(Signature)				
				(signature)
				(signature)