

**REPORT OF REGISTERED MEDICAL PRACTITIONER  
(IN APPLICATION FOR PROPERTY AND WELFARE ORDERS)**

In the District Court  
at .....

FAM:

APPLICANT

.....  
(Full name of applicant)

.....  
(Address)

.....  
(Occupation)

PERSON IN RESPECT OF WHOM THE APPLICATION IS MADE

..... ("the Subject Person")  
(Full name of person in respect of whom the application is made)

of .....  
(Address)

.....  
(Occupation)

- 1 I am a duly qualified medical practitioner practising as a .....
- 2 a The abovenamed person in question ("the Subject Person") is a patient of mine and has been since .....  
I last visited and/or examined him/her on .....
- b I examined the Subject Person for the purposes of this application on .....
- 3 His/her general state of health is .....
- 4 He/she suffers from the following disorder(s): .....  
.....  
.....  
.....
- 5 a Does he/she lack competence to manage his/her own affairs in relation to property? .....
- b If answer to the last question is yes, is the lack of competence total or partial? .....
- c If the lack of competence is partial, in what respects does it inhibit the Subject Person's competence to manage property affairs  
.....  
.....  
.....
- d Does he/she lack capacity to understand the nature and foresee the consequences of decisions relating to his/her personal care and welfare? Yes/No
- e If the answer to the last question is yes, is the lack of capacity total or partial? .....

f If the lack of capacity is partial, in what respects, or in relation to what aspects of personal care and welfare, does it inhibit the Subject Person's ability to do the above things?

.....  
.....  
.....  
.....

g Is he/she wholly unable to communicate his/her own decisions relating to:

i Property or welfare generally ..... and/or  
.....

ii Any particular aspects of his/her property or welfare (and if so, which) .....  
.....  
.....

h Your further comments (if any) .....  
.....  
.....

6 Is the Subject Person's condition such as would render him/her susceptible to undue influence in the management of his/her property affairs? Yes/No

If so, to what extent? .....  
.....  
.....

7 If the Subject Person suffers from any degree of incapacity, is it possible that he/she might recover competence to manage his/her own affairs? Yes/No

If so:

a Is such a recovery likely? .....

b Within what time period is such recovery possible? .....

8 If a solicitor is appointed to represent him/her and to explain the nature of the present application for appointment of a welfare guardian and/or a property manager, would he/she be likely to:

a Understand the nature of that advice? .....

b Understand the purpose of these proceedings? ..... and/or

c Foresee the consequences of any order made? .....

9 In your opinion would the Subject Person suffer any serious mental, emotional or physical harm from:

a Notification of the existence of these proceedings? ..... or

b Participation in the proceedings? .....

If so, what sort of harm? .....  
.....  
.....

10 In your opinion are the following measures likely to promote and/or protect the welfare and best interest of the Subject Person:

a i Appointment of a Welfare Guardian in relation to any aspects of the Subject Person's personal care and welfare? Yes/No

ii If so, in relation to which aspects? .....

b i Appointment of a Property Manager in respect of any property owned by the Subject Person? Yes/No

ii If so, in respect of what property? .....

11 Given that a primary object of the Court is to make the least restrictive intervention possible in the management of his/her affairs, is there any limitation you would suggest in the nature of the order to be made (e.g. with regard to the type of person appointed, frequency or nature of contact with Subject Person, property affected, duration of order or anything else)?

.....

12 Are you able to suggest any measure which would enable or encourage the Subject Person to exercise and to develop such competence as he/she may have to manage his/her own personal welfare and/or property affairs?

.....

13 Do you have any further comments for the assistance of the Court? .....

.....

14 My comments are answers are as above.

(Signature) .....

Date .....

Full name and address of medical practitioner:

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