PSYCHOLOGIST AFFIDAVIT

I, _____, being first duly sworn, depose and say the following:

1. I am a licensed clinical psychologist and consult to _____. I have consulted to _____ since _____.
2. I received my degree in _____ from _____ in _____.
3. I have known _____ since _____. I have provided services to him/her since _____. In that regard, I have seen _____ on numerous occasions, with the most recent psychological assessment completed on _____. I have also reviewed _____'s records and discussed him/her with other interdisciplinary team members. Based on my observations, my assessment, my review of the record and my discussion with other staff, it is my opinion that his/her cognitive functioning falls within the _____ range of mental retardation and adaptive functioning falls within the _____ range of mental retardation.
4. _____ most recent psychological assessment is attached and discusses _____'s present mental health condition and treatment plan.
5. It is my opinion that because of _____'s mental retardation as evidenced above, _____ is:

Able	**Not Able**	
☐	☐	To obtain, administer, and dispose of real and personal property, intangible property, business property, benefits and income; AND
☐	☐	To provide health care, food, shelter, clothing, personal hygiene, and other care without which serious physical injury is more likely than not to occur; AND
☐	☐	To acquire and maintain those life skills that enable him/her to cope more effectively with the demands of his/her own person and of his/her own environment, and to raise the level of his/her physical, intellectual, social, emotional, and economic efficiency or meet all or some of essential requirements for his/her therapeutic needs; AND
☐	☐	To grant, refuse or withdraw consent to any medical treatment; AND

6. It is my opinion that, due to his/her mental retardation as evidenced above, _____ is:
   - ☐ With proper explanation at a level suitable to his/her functioning, able to choose the person he/she desires to make decisions for him/her, and could execute a durable power of attorney.
   - ☐ Not able to execute a durable power of attorney.

_____

Licensed Psychologist Signature
Psychologist's Name(PRINTED): _____
Address:_____
_____
Phone Number/Pager Number: _____

Sworn and subscribed before me the _____day of _____, 20____.

_____ My commission expires: _____
Notary Public