

**Superior Court of the District of Columbia
PROBATE DIVISION**

IN RE:

-
Intervention Proceeding

No.

An Adult

REPORT OF EXAMINER

The undersigned examiner states that he or she has personally examined
and hereby submits the following

(Name of Subject of Proceeding)

report based on a personal examination of the subject on the _____ day
of _____ pursuant to Order of this Court
entered on _____

1. Is the subject suffering from a mental, emotional or physical
illness? Yes No.

2. If yes, please describe diagnosis and prognosis.

3. Describe the subject's mental, emotional or physical condition and, where appropriate,
describe educational condition, adaptive behavior, and social skills.

4. Does the subject's mental, emotional or physical condition affect his/her ability
to function? Yes No

I hereby certify that I am a licensed
List briefly professional qualifications:

Signed

Address

City, State, Zip Code.

Telephone Number

CERTIFICATE OF SERVICE

I hereby certify that on the day of
20 , a copy of this Report of Examiner was served by first class mail, postage
prepaid, upon the following parties to the above captioned case and persons granted
permission to participate pursuant to SCR-PD 303 and persons who requested
notice pursuant to SCR-PD 304.

Signature