

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Phone  
\_\_\_\_\_  
Email

In the District Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

In the Matter of Protection for

\_\_\_\_\_  
Respondent

**Physician's Statement Supporting  
Request to Excuse Respondent from  
the Hearing**

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Judge

1. I am a physician licensed to practice in the state of \_\_\_\_\_.
2. The Respondent has: (Choose all that apply.)
  - fourth stage Alzheimer's disease;
  - extended comatosis;
  - an intellectual disability with an intelligence quotient score under 20 to 25.

\_\_\_\_\_  
Date

Signature ► \_\_\_\_\_

Printed Name \_\_\_\_\_

### Certificate of Service

I certify that I filed with the court and am serving a copy of this Physician's Statement Supporting Request to Excuse Respondent from Hearing on the following people.

Person's Name	Service Method	Service Address	Service Date
(Petitioner or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Respondent or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature ►

\_\_\_\_\_  
 Printed Name