

PHYSICIAN'S STATEMENT

THIS TRANSLATION IS MADE BY THE AUTHORS AND IS NOT AN OFFICIAL VERSION.

for assessment in cases concerning arrangement of custodianship ("Good Man") according to the Children and Parents Code¹ (Föräldrabalken); 11th Chapter 4§

"If someone, due to disease, mental disorder, weakened state of health or similar condition needs help to safeguard his/her rights, to manage his/her property or to ensure his/her personal needs, the court should, if so required, decide to arrange a custodianship for him or her. This may not be decided without the consent of the person for whom the custodianship is to be arranged, unless the condition of the individual prevents that his/her opinion is obtained.

When the court pronounces a decision according to the first paragraph, the court shall at the same time appoint a custodian to execute the mission. If a custodian in any other case should be appointed on the basis of the first paragraph, the appointment shall be pronounced by the Chief Guardian."

Personal data about the person that the statement refers to

Last name and first name		Personal identity number	
Street address	Postal code	City	
Occupation/title		Phone (including area code)	
Site of civil registration		Identity verified by	

Basis for assessment

Current state of health

¹ Additional provisions are found in the Children and Parents Code (Föräldrabalken) 11th Chapter 17§; "Before the court arranges a trusteeship, a physician's statement or an equivalent assessment about the health condition of the individual shall be acquired. This also applies in cases concerning the arrangement of a custodian according to §4, when a consent of the individual was not obtained"

Last name and first name	Personal identity number
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Basis for assessment (cont'd)

Circumstances which suggest that the individual needs help to safeguard his/her rights, to manage his/her property or to ensure his/her personal needs

Prior to proceedings in the District Court

Did the individual give his/her written consent to the arrangement of a custodianship? If "yes", the written consent of the individual should be enclosed to the application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can the individual be heard in court without causing him/her any harm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the condition of the individual such that he/she obviously does not understand what the matter concerns? ²	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Statement

I hereby certify that I, after an assessment based on a personal examination of the patient and with the support of other information, have found that

.....
(the name of the individual)

Needs help to	<input type="checkbox"/> safeguard his/her right	Because of	<input type="checkbox"/> disease
	<input type="checkbox"/> manage his/her property		<input type="checkbox"/> mental disorder
	<input type="checkbox"/> ensure his/her personal needs		<input type="checkbox"/> weakened state of health
			<input type="checkbox"/> similar condition

Signature

Place and date		Signature of the licensed physician	
Last name and first name of the licensed physician		Position	
Workplace			
Street address		Postal code	City
Phone (including area code)	Telefax number		E-mail address

2 What you have to assess is whether the individual because of his/her condition obviously does not understand what the matter concerns. If this is your judgement, the question shall be answered "yes".