

STATE OF MICHIGAN PROBATE COURT WAYNE COUNTY	AFFIDAVIT OF PHYSICIAN OR PSYCHOLOGIST	FILE NO. <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
--	---	--

In the matter of , an individual with a developmental disability

1. I am a licensed physician psychologist in the State of Michigan.

2. I examined the above named respondent on _____
Date

3. It is my professional opinion that attendance at any and all proceedings in this matter would subject the respondent to serious risk of physical or emotional harm for the reason that:

4. I request that the respondent's presence be excused.

Name of Physician/Psychologist	Telephone Number

Date

Physician/Psychologist Signature

Subscribed and sworn to before me on , County, Michigan.
Date

My commission expires: Signature: _____
Date Deputy clerk/Register/Notary public

Do not write below this line - For court use only