| STATE OF MICHIGAN<br>PROBATE COURT<br>LENAWEE COUNTY<br>CIRCUIT COURT – FAMILY DIVISION | AFFIDAVIT OF<br>PHYSICIAN/PSYCHOLOGIST | FILE NO. |
|---|---|---|

**Estate of:** _____

STATE OF MICHIGAN)
)ss.
County of _____ )

_____, being first duly sworn, deposes and states:
(Name of Physician/Psychologist)

1. I am a [ ___ ] Physician [ ___ ] Psychologist licensed in the State of Michigan.

2. I am the treating Physician/Psychologist for _____.

3. A temporary guardian is needed for the following emergency: _____

_____

_____

_____

4. Further, deponent saith not.

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____
Date

_____
Physician/Psychologist signature

_____
Name (type or print)

_____
Address

_____
City, State, Zip Telephone No.

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Do not write below this line – For Court use only

**AFFIDAVIT OF PHYSICIAN/PSYCHOLOGIST**