

IN THE COURT OF COMMON PLEAS MONTGOMERY COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION

20 -X

ESTATE OF [ \_\_\_\_\_ ],  
AN ALLEGED INCAPACITATED PERSON

**AFFIDAVIT OF PHYSICIAN EXCUSING ATTENDANCE  
OF ALLEGED INCAPACITATED PERSON**

I, \_\_\_\_\_, hereby verify that I am a licensed \_\_\_\_\_,  
and that I have personally examined, \_\_\_\_\_, an Alleged Incapacitated Person.  
It is my professional opinion to a reasonable degree of medical certainty that the Alleged Incapacitated Person  
should not attend the Court hearing because his or her physical condition would be harmed by transportation to the  
Courthouse or by attendance at the hearing, for the following reasons:

I make these statements subject to the penalties of 18 PA C.S.A. §4904 relating to unsworn falsification to  
authorities.

\_\_\_\_\_  
*Signature*

Name:

Address:

Telephone Number:

Email Address:

Date: