

**IN THE PROBATE DIVISION, CIRCUIT COURT  
JEFFERSON COUNTY, MISSOURI**

IN THE MATTER OF:

\_\_\_\_\_ Alleged Incapacitated/Disabled Person

Estate No. \_\_\_\_\_

DEPOSITION OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me,  
\_\_\_\_\_, Notary Public within and for the  
county/city of \_\_\_\_\_, State of Missouri, personally appeared  
\_\_\_\_\_, who, after first being  
sworn, testified as follows:

**INTERROGATORIES**

1. State your name, age and residence.
  
2. What is your occupation, business or profession?
  
3. Where are you employed and in what capacity?
  

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4. Are you acquainted with \_\_\_\_\_?
  
5. Have you had occasion to examine, observe and treat \_\_\_\_\_?

6. What was the date of such examination or between what dates has said person been under your observation?
  
7. Give the symptomatology which you observed and both the neurological and mental diagnoses which you have made, based upon your examination and observation of said person.

**STATE FULLY FACTS UPON WHICH YOUR DIAGNOSTIC CONCLUSIONS ARE BASED—NOT ACCEPTABLE AS EVIDENCE OTHERWISE.**

8. Do you consider \_\_\_\_\_ to be an incapacitated person as defined in these Interrogatories? Please state your opinion.  
("Incapacitated Person" One who is unable by reason of any physical or mental condition to receive and evaluate information or to communicate decision to such an extent that he lacks capacity to meet essential requirements for food, clothing, shelter, safety or other care, such that serious physical injury, illness or disease is likely to occur.)

9. Do you consider \_\_\_\_\_ to be a disabled person as defined in these Interrogatories? Please state your opinion.  
("Disabled Person" One who is unable by reason of any physical or mental condition to receive and evaluate information or to communicate decision to such an extent that the person lacks capacity to manage his financial resources.)

10. Are your duties as a physician such as will prevent your attendance at Court as a witness in this cause?

\_\_\_\_\_  
Deponent

State of Missouri )  
                          )ss  
                          )

\_\_\_\_\_, being first duly sworn, states that he/she is the Deponent named in the foregoing Interrogatories, that he/she did read the definitions and questions herein and that he/she did make the answers as they appear therein and that the answers are true and correct to the best of his/her knowledge, information and belief.

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.