_____
Name

_____
Address

_____
City, State, Zip

_____
Phone

_____
Email

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

In the Matter of Protection for _____, Respondent	**Order Appointing Physician to Examine the Respondent in a Conservatorship Proceeding** _____ Case Number _____ Judge

1. Under Section 75-5-407, the court may appoint a physician to examine the respondent.

2. The court needs more evidence of the nature and extent of the respondent's alleged mental illness, mental deficiency, physical illness or disability, chronic use of drugs, or chronic intoxication.

3. _____ (name) is a

   physician licensed in the state of _____.

Therefore the court orders that:

4. The person named in Paragraph 3 is appointed to examine the respondent and submit a written report to the court.

Judge's signature may instead appear at the top of the first page of this document.

	Signature ▶	
Date		
	Judge	

Certificate of Service

I certify that I filed with the court and am serving a copy of this Order Appointing Physician to Examine the Respondent in a Conservatorship Proceeding on the following people.

Person's Name	Service Method	Service Address	Service Date
	[ ] Mail [ ] Hand Delivery [ ] E-filed [ ] Email [ ] Left at business (With person in charge or in receptacle for deliveries.) [ ] Left at home (With person of suitable age and discretion residing there.)		
	[ ] Mail [ ] Hand Delivery [ ] E-filed [ ] Email [ ] Left at business (With person in charge or in receptacle for deliveries.) [ ] Left at home (With person of suitable age and discretion residing there.)		
	[ ] Mail [ ] Hand Delivery [ ] E-filed [ ] Email [ ] Left at business (With person in charge or in receptacle for deliveries.) [ ] Left at home (With person of suitable age and discretion residing there.)		

_____
Date

Signature ► _____

Printed Name _____