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		, whose add		
			lress is	
and whose email				
and whose eman	address (if available) is			ask the court to appoin
two health care p	rofessionals to examine or	evaluate	Name of alleged disabled pe	. I state tha
	g with this petition, I have		-	Alleged Disabled Perso
of	Name of alleged disabled p	erson with	this court.	
	Name of alleged disabled person			
	Name of alleged disabled person has refused to allowN			
	n care professional. I made	_	•	
3.	Name of alleged disabled person	may be	at risk unless a guardia	n is appointed. In
	on to the concerns express n, I have the following oth		for Guardianship of A	lleged Disabled

	Case No.
FOR THESE REASONS, I ask the court to:	
Issue an order requiring  Name of to appear and show cause why	person the alleged disabled person lives with or is under the control of should not be
examined or evaluated.	Name of alleged disabled person should not be
2. Schedule a hearing as soon as possib	le.
3. Grant any other and further relief as	may be required.
I solemnly affirm under the penalties of perju	ary that the contents of this document are true to the best of
my knowledge, information, and belief.	
Date	Signature
	Printed Name