



Statement of Incapacity for Finances and Property

Wis. Stat. § 244.02(7)

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

Member (Patient) Information	
Name (first, middle, last, former/maiden)	
Address (street, city, state, ZIP code)	
ETF ID or SSN	Birth date (MM/DD/YYYY)

Physician Information		
Physician's printed name (as it appears on your medical license)		
Physician's address (street, city, state, ZIP code)		
Specialty	License number	Telephone ()

Certification	
I hereby certify that I am the personal physician of _____. I am aware of the patient's current condition and I have personally examined this individual. I have determined that this individual is unable to manage property, finances or business affairs because of an impairment in the ability to receive and evaluate information or make or communicate decisions even with the use of technological assistance.	
Physician's signature	Date (MM/DD/YYYY)