

*Thirty-Seventh Judicial Circuit of Michigan  
Calhoun County*

*Office of the Friend of the Court*

**Kristen L. Getting**

Circuit-Probate Court Administrator/  
Friend of the Court

**Calhoun County Justice Center**

161 E. Michigan Ave  
Battle Creek, MI 49014-4066

269-969-6500

www.calhouncountymi.gov/foc

**Helen K. Miles**

Director of Friend of the Court Operations

DOCKET(S) \_\_\_\_\_

**AFFIDAVIT OF LICENSED MEDICAL PROFESSIONAL**

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of last visit: \_\_\_\_\_ Date of next visit: \_\_\_\_\_

1. \_\_\_\_\_ Patient may continue regular work duty

2. \_\_\_\_\_ Patient is temporarily disabled and:

\_\_\_\_\_ Patient may return to work on \_\_\_\_\_ without restriction

\_\_\_\_\_ Patient may return to work on \_\_\_\_\_ with the following restrictions

3. \_\_\_\_\_ Patient is permanently disabled, but able to work with following restrictions: \_\_\_\_\_

4. \_\_\_\_\_ Patient is totally and permanently disabled and is unable to work

Additional comments: \_\_\_\_\_

I CERTIFY THAT I AM THE CURRENT TREATING LICENSED MEDICAL PROFESSIONAL FOR THE ABOVE NAMED INDIVIDUAL AND THE INFORMATION ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Licensed Medical Professional signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

Please return completed form to Calhoun County FOC, 161 E. Michigan Ave, Battle Creek MI 49014 or fax to 269-969-6564. Our office will need an updated Affidavit every six (6) months.