United States
Office of Personnel Management
Retirement Operations
Boyers, PA 16017

Information Necessary for a Competency Determination

An **original** or a **certified copy** of a court order appointing a guardian or fiduciary to handle the affairs of the individual should be submitted so that the Office of Personnel Management can determine whether the applicant is or was mentally incompetent or otherwise unable to handle his or her financial or other affairs. Uncertified photocopies are not acceptable. The court order should cover the entire period of time which is in question for this determination and should address whether the alleged incompetency occurred in the past or is currently present.

If no guardian or fiduciary is appointed by a court, please provide the information described in **both** A and B below.

A.   A statement from the physician who has been treating the individual. (The individual or his representative is responsible for any cost incurred in obtaining this documentation.) The physician's statement should cover, but not be limited to, the time period in question for this competency determination and should address whether the alleged incompetency occurred in the past or is currently present. The physician should provide, on his or her letterhead stationery, the information listed below. **Please provide a copy of this form to the physician.**

   •   History of the specific medical condition(s) which caused the individual to be incompetent, including symptoms, physical findings, results of laboratory studies, and therapy (together with the response to therapy). Please provide copies of all reports of laboratory studies, in the case of psychiatric disorders, the findings of mental status examinations and copies of all psychological test reports, and copies of all discharge summaries of hospitalizations and operative reports.

   •   The diagnosis should be in accordance with ICD terminology or, in the case of psychiatric disorders, with DSM V criteria.

   •   The duration of the medical condition(s), including the date the condition caused incompetency and the date or expected date of full or partial recovery.

B.   Affidavits from at least two persons who know the facts concerning the individual's competency, preferably one from a member of the individual's immediate family and one from a non-family member. The persons making the affidavits should state:

   •   The relationship to, and amount of contact with, the individual during the relevant time period.

   •   What actions or incidents were personally observed which would show whether the individual's condition interfered with the ability to handle personal affairs, and how often these were observed.

   •   The reason why a guardian or fiduciary was not appointed by the court to handle the affairs of the individual.

   •   Who has been handling the individual's affairs.

   (Affidavits must be sworn to or affirmed before a notary public or other officer who is authorized by law to administer oaths.)

Send the documents to the above address. Be sure to include the claim number shown at the top of form RI 20-7, Representative Payee Application, with this correspondence.