PETITION FOR RESIGNATION OF A ☐ GUARDIAN AND/OR ☐ CONSERVATOR	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court

In the Interests of:

First Name _____ Middle Name _____ Last Name _____

Incapacitated Person/Protected Person

_____ **Division**

1. The Petitioner(s) is/are

Name: _____ First Name _____ M.I. _____ Last Name

_____ (Address) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip)

Primary Phone #: _____ Relationship to Respondent _____

☐ An attachment to this petition provides information on additional co-petitioners. click to add **click to remove**

who was/were appointed by a Decree and Order of Appointment as:

☐ Guardian(s) on _____ and who now seek to resign.

☐ Conservator(s) on _____ and who now seek to resign.

2. ☐ This **resignation** as **Guardian(s)** should be accepted for the following reasons:

☐ The Guardian(s) is/are incapacitated or disabled.

☐ Successor Guardian(s) is/are seeking appointment.

State the following:

1. Court where the Petition for Guardianship is pending _____

2. Case Docket No: _____

☐ The remaining Co-Guardian(s) shall continue to serve.

☐ Other:

3. ☐ This **resignation** as **Conservator(s)** should be accepted for the following reasons:

☐ The Conservator(s) is/are incapacitated or disabled.

☐ Successor Conservator(s) is/are seeking appointment.

State the following:

1. Court where the Petition for Conservatorship is pending _____

2. Case Docket No: _____

☐ The remaining Co-Conservator(s) shall continue to serve.

☐ Other:

WHEREFORE, THE PETITIONER REQUESTS THAT THIS HONORABLE COURT ACCEPT THIS RESIGNATION.

SIGNED UNDER THE PENALTIES OF PERJURY

I affirm or swear under oath that I have read the foregoing Petition and that the statements set forth therein are true and correct to the best of my knowledge.

Date: _____

_____
Signature of Petitioner

Attorney for Petitioner:

_____
(Print name)

_____ _____
(Address) (Apt, Unit, No. etc.)

_____ _____ _____
(City/Town) (State) (Zip)

Primary Phone #: _____

B.B.O. # _____

Reset Form