PETITION TO ☐ EXPAND ☐ MODIFY ☐ LIMIT THE POWERS OF A GUARDIAN	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court

In the Interest of:

_____ First Name _____ Middle Name _____ Last Name

Incapacitated Person (Respondent)

_____ **Division**

1. **The Petitioner is:**

   ☐ The Guardian of the Respondent;

   ☐ The Incapacitated Person (hereafter referred to as the Incapacitated Person or Respondent);

   ☐ A person interested in the welfare of the Respondent. State the nature of interest:

2. **Information about the Incapacitated Person:**

   Name: _____ First Name _____ Middle Name _____ Last Name Age: _____

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

   Primary Language: ☐ English ☐ Other: _____ Primary Phone #: _____

   Respondent ☐ is ☐ is not intellectually disabled/mentally retarded.

3. **Information about the Petitioner(s):**

   _____ 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

4. **This Court entered a Decree and Order of Appointment of Guardian appointing:**

   _____ Name on _____ (date)

   (hereafter "Guardian") and said Decree is still valid and in full force and effect.

5. **A Medical Certificate dated with an examination having taken place within 30 days of the filing of the petition or, if Respondent is alleged to be mentally retarded, a Clinical Team Report dated with and examination having taken place within 180 days of the filing of the petition:**

   ☐ is filed with this Petition or is on file with the Court (Docket No. _____); OR

   ☐ is not filed with this Petition and is not on file with the Court.

   If a Medical Certificate or Clinical Team Report is not filed with this Petition, or on file with this Court, you must immediately file and present a motion requesting that the Court permit it to be filed late or waive the filing requirement. An affidavit must accompany the motion explaining why it is impossible to file a Medical Certificate or Clinical Team Report with this Petition.

6. List Respondent's:

A. Spouse and Children. If none, list parents and brothers and sisters or, if none, list heirs apparent or presumptive.
B. Current Guardian in the Commonwealth or elsewhere;
C. Nominated Guardian in the Commonwealth or elsewhere;
D. Current Conservator in the Commonwealth or elsewhere;
E. Health Care Agent;
F. Durable Power of Attorney/Agent;
G. Representative Payee; and/or
H. Caretaker in the last 60 days.

Name	Primary Address	Primary Phone	Relationship (Check all that apply)	Indicate if this person is:
			☐ Spouse ☐ Child ☐ Guardian ☐ Nominated Guardian ☐ Conservator ☐ Relative: _____ (relationship) ☐ Representative Payee ☐ Health Care Proxy ☐ Durable Power Holder ☐ Had care & custody in the last 60 days.	☐ Minor ☐ Incompetent
			☐ Spouse ☐ Child ☐ Guardian ☐ Nominated Guardian ☐ Conservator ☐ Relative: _____ (relationship) ☐ Representative Payee ☐ Health Care Proxy ☐ Durable Power Holder ☐ Had care & custody in the last 60 days.	☐ Minor ☐ Incompetent
			☐ Spouse ☐ Child ☐ Guardian ☐ Nominated Guardian ☐ Conservator ☐ Relative: _____ (relationship) ☐ Representative Payee ☐ Health Care Proxy ☐ Durable Power Holder ☐ Had care & custody in the last 60 days.	☐ Minor ☐ Incompetent

click to add click to remove

7. Does the Respondent have, in the Commonwealth or elsewhere:		If yes, a copy of the document is:	Information/Explanation: (If a Petition has been filed but not allowed, please list Court and Docket Number of pending case)
A document nominating a Guardian?	☐ Yes and the person's information is listed at Q.6 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	
A current Guardian?	☐ Yes and the person's information is listed at Q.6 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	
A current Conservator?	☐ Yes and the person's information is listed at Q.6 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	
A Representative Payee?	☐ Yes and the person's information is listed at Q.6 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	
A Health Care Agent?	☐ Yes and the person's information is listed at Q.6 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	
A Durable Power of Attorney/Agent?	☐ Yes and the person's information is listed at Q.6 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	

8. Respondent ☐ is ☐ is not entitled to benefits from the Department of Veterans Affairs or ☐ Uncertain.

9. Does Respondent have any assets, e.g. bank accounts, property? ☐ Yes ☐ No ☐ Uncertain.

If Yes, identify:

Description of Assets, e.g. Bank Accounts, Property, Insurance, Pensions DO NOT INCLUDE NAMES OF INSTITUTIONS OR ACCOUNT NUMBERS	**Estimated Value of Property**
Total	

☐ An attachment to this petition provides additional information. click to add click to remove

10. Does Respondent have any anticipated income? ☐ Yes ☐ No ☐ Uncertain.

If Yes, identify:

Description of Income, e.g. Social Security, Interest DO NOT INCLUDE NAMES OF INSTITUTIONS OR ACCOUNT NUMBERS	**Amount of Anticipated Monthly income or Receipts**
Total	

☐ An attachment to this petition provides additional information. click to add click to remove

11. ☐ **The Petitioner(s) request(s) (choose A, B, or C below):**

☐ A. The powers of the Guardian be **expanded** as follows:

- ☐ to admit Respondent to a nursing facility;
- ☐ to treat Respondent with antipsychotic medication in accordance with a treatment plan;
- ☐ for the following treatment or action for which a substituted judgment determination may be required;
- ☐ to revoke the Health Care Proxy of Respondent;
- ☐ to apply for health insurance benefits including MassHealth on behalf of Respondent;
- ☐ Authorization to obtain copies of statements or any other records from banks, insurance companies or other financial institutions verifying balances and transactions for accounts standing in the name of the Incapacitated Person, individually or jointly with another.
- ☐ Other:

☐ B. The powers of the Guardian be **modified** as follows:

☐ C. The powers of the Guardian be **limited** as follows:

WHEREFORE, PETITIONER REQUESTS THAT THIS HONORABLE COURT:

☐ **Expand** ☐ **Modify** ☐ **Limit** **the powers of the Guardian as set forth in Paragraph 11 above.**

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

Date: _____ _____
Signature of Co-Petitioner (If applicable)

I assent to the foregoing Petition:

	Print Name	Signature
Date _____	_____	_____
Date _____	_____	_____
Date _____	_____	_____
Date _____	_____	_____

Attorney for Petitioner:

_____
(Print name)

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

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

Primary Phone #: _____

B.B.O. # _____

Reset Form