PETITION FOR REMOVAL OF A GUARDIAN	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court

In the Interests of:

_____ First Name _____ Middle Name _____ Last Name

Incapacitated Person

_____ **Division**

1. **The Petitioner is:**

   ☐ the Incapacitated Person

   OR

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

2. **Information about the Incapacitated and/or Protected 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.

3. **Information about the Petitioner:**

   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

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

   _____ Name on _____ (date),

   and said Decree is still valid and in full force and effect.

5. ☐ **The Petitioner(s) requests the following Guardian(s):** _____ name(s), **(hereafter "Guardian") be removed for the following reasons:**

   ☐ The Guardian is incapacitated or disabled.

   ☐ The Guardian is being investigated or has charges pending for assault and battery on and/or neglect of the Incapacitated Person.

   ☐ The Guardian is unfit or unsuitable to serve for the following reasons:

   ☐ Other:

WHEREFORE, PETITIONER REQUESTS THAT THIS HONORABLE COURT REMOVE THE ABOVE-NAMED GUARDIAN AND FURTHER REQUESTS:

- ☐ Any co-guardian(s) remain in office;
- ☐ The appointment of a successor guardian or co-guardian as prayed for in a separate Petition for Appointment of Guardian for an Incapacitated Person which is on file with the Court.
- ☐ Other:

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. # _____

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