☐ **TEMPORARY ORDER OF** ☐ **DECREE AND ORDER OF** ☐ **EXPANSION** ☐ **MODIFICATION** ☐ **LIMITATION** **OF THE POWERS 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 (Respondent)**	_____ **Division**

On the Petition for: ☐ Expansion ☐ Modification ☐ Limitation of the Powers of a Guardian filed on

_____ .

The Court finds that: ☐ Expansion ☐ Modification ☐ Limitation of the Powers of the Guardian

_____ is appropriate, that notice has been properly
(name)

given to the Respondent and all other notice has been properly given or waived, and that it is in the best interests of the Respondent that the powers of the Guardian be:

☐ **EXPANDED.** The Court orders the Guardian's powers are expanded to include the following power(s) to:

- ☐ admit Respondent to a nursing facility;
- ☐ revoke the Health Care Proxy of Respondent;
- ☐ apply for health insurance benefits including MassHealth on behalf of Respondent;
- ☐ 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:

☐ **EXPANDED. After making a substituted determination (see separate findings), the court authorizes treatment of the Incapacitated Person:**

- ☐ with antipsychotic medication in accordance with a treatment plan dated _____ which is incorporated herein by reference and which shall be reviewed on or before _____ and, if not sooner extended, shall expire on _____ . The appointment of Counsel for the Incapacitated Person is extended for the limited purpose of representing the Incapacitated Person's interests in any proceeding to renew and/or amend the treatment plan.
- ☐ for the following treatment or action:

☐ **MODIFIED.** The Court orders the Guardian's powers be modified as follows:

In the Interests of: _____ First Name _____ Middle Name _____ Last Name	Docket No.

☐ **LIMITED.** The Court orders the Guardian's powers be limited as follows:

☐ **The Court further Orders that:**

☐ This is a Temporary Order and the expansion, modification, or limitation of the powers of the Guardian stated herein shall expire in ninety (90) days or on _____ (date) .

Date: _____ _____

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