PETITION FOR APPOINTMENT OF GUARDIAN FOR AN INCAPACITATED PERSON	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court

In the Interests of:

First Name _____ Middle Name _____ Last Name _____

Alleged Incapacitated Person/Respondent

_____ **Division**

The Court shall encourage the development of maximum self-reliance and independence of the Incapacitated Person and make appointive and other orders only to the extent necessitated by the Incapacitated Person's limitations or other conditions warranting the procedure.

1. **Information about the Respondent:**

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

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

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

Date Residence was established: _____

Current Address: ☐ Same as Above or ☐ the following address:

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

If this appointment is made, Respondent will reside at ☐ Principal Residence ☐ Current Address ☐ the following address:

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

Respondent ☐ is ☐ is not alleged intellectually disabled.

2. **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: _____

State your interest in the appointment:

☐ **An attachment to this petition provides information on co-petitioner(s).** click to add click to remove

3. **The Petitioner is requesting:**

☐ to be appointed ☐ that some suitable person be appointed ☐ that the person named below be appointed:

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 co-Guardian(s).** click to add click to remove

4. **He or she has priority of appointment because the nominee is (choose one):**

☐ Nominated in a durable power of attorney by Respondent;
☐ Respondent's spouse or a spousal nominee;
☐ Respondent's parent or a parental nominee; OR
☐ None of the above.

State the reason the proposed guardian(s) should be appointed:

5. **This is a Petition for appointment of a (choose one):**

☐ Limited Guardian. State the powers being sought:

☐ to apply for health insurance benefits including MassHealth on behalf of Respondent;

☐ to obtain copies of statements or any other records from banks, insurance companies, or other financial institutions verifying balances and transactions of accounts standing in the name of the Incapacitated Person, individually or jointly with another.

☐ Other:

OR

☐ General Guardian. State the reasons why a Limited Guardianship is inappropriate:

6. **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 intellectually disabled, a Clinical Team Report dated with an 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 this 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.

7. **The reason a guardianship is necessary is detailed in the most recent Medical Certificate or Clinical Team Report filed with this petition or is described as follows:**

8. **The nature and extent of Respondent's alleged incapacity is detailed in the Medical Certificate or Clinical Team Report filed with this petition or is described as follows:**

9. List Respondent's:

A. Spouse, if any.

B. Children, if any. If none, list parents and brothers and sisters or, if none, list heirs apparent or presumptive.

C. Current Guardian in the Commonwealth or elsewhere;

D. Nominated Guardian in the Commonwealth or elsewhere;

E. Current Conservator in the Commonwealth or elsewhere;

F. Health Care Agent;

G. Durable Power of Attorney/Agent;

H. Representative Payee; and/or

I. Caretaker in the last 60 days.

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

click to add click to remove

10. 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 current Guardian?	☐ Yes and the person's information is listed at Q.9 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	
A document nominating a Guardian?	☐ Yes and the person's information is listed at Q.9 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	
A current Conservator?	☐ Yes and the person's information is listed at Q.9 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	
A Representative Payee?	☐ Yes and the person's information is listed at Q.9 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	
A Health Care Agent?	☐ Yes and the person's information is listed at Q.9 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	
A Durable Power of Attorney/Agent?	☐ Yes and the person's information is listed at Q.9 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	

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

12. 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

13. 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

14. ☐ **Petitioner seeks specific Court authorization:**

☐ 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.

WHEREFORE, PETITIONER REQUESTS THAT THIS HONORABLE COURT:

Appoint ☐ Petitioner

☐ _____ _____ _____
First Name M.I. Last Name

☐ Some suitable person click to add click to remove

as ☐ limited guardian(s) ☐ general guardian(s) of Respondent, with any specific authorization as may be requested in paragraph 14 above.

☐ Petitioner requests the Court waive sureties on the Bond for the following reasons:

☐ The Respondent has minimal funds to be managed and requiring sureties would place a financial burden on the Respondent.

☐ A Conservator is appointed or is being requested.

☐ Other:

☐ In addition, Petitioner requests that the Court:

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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