PETITION FOR APPOINTMENT OF CONSERVATOR FOR DISABLED PERSON OR FOR SINGLE TRANSACTION	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court

In the Interests of:

First Name _____ Middle Name _____ Last Name _____

Person to be Protected/Respondent

☐ Minor ☐ Adult

_____ **Division**

The Court, whenever feasible, shall grant to a Conservator only those powers necessary based on the Protected Person's limitations and demonstrated needs and will issue orders that will encourage the development of the Protected Person's maximum self-reliance and independence.

1. Information about 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's dwelling will be ☐ Principal Residence ☐ Current Address ☐ the following address:

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

If the residence and current address are outside of the Commonwealth, state the location of Respondent's property within the county:

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

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-petitioners.** click to add click to remove

3. Petitioner is requesting:

☐ to be appointed ☐ that some suitable person be appointed ☐ the following person 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 additional information.** click to add click to remove

4. He or she has priority of appointment because the nominee is: _____ .

5. **This is a Petition for:**

☐ The appointment of a Limited Conservator

With limitations as follows:

☐ The appointment of a Conservator

State why a limited conservator is inappropriate:

☐ Authorization of the following protective arrangement or single transaction:

☐ The appointment of a Special Conservator to assist in the accomplishment of the above-stated protective arrangement or other authorized single transaction.

6. **Unless the Respondent is a minor, 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 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.

7. **A conservator is necessary and in the best interest of Respondent because Respondent is:**

☐ a minor; **OR**

☐ alleged disabled for reasons other than minority. A description of the nature and extent of the Respondent's alleged incapacity is detailed in the most recent Medical Certificate or Clinical Team Report filed with this Petition or is described as follows:

OR

☐ detained or otherwise unable to return to the United States. State the relevant circumstances, including the time and nature of detention or inability to return and a description of any search or inquiry concerning the person's whereabouts:

AND

☐ Respondent has property which will be wasted or dissipated unless proper management is provided;

AND/OR

☐ Respondent or persons entitled to Respondent's support require money for support, care, and welfare, and protection is necessary or desirable to obtain or provide money.

8. **Respondent ☐ is ☐ is not alleged to be Intellectually Disabled.**

9. 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

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:

☐ Does ☐ does not have a Representative Payee, Trustee or Custodian of a Trust of Custodianship in the Commonwealth or elsewhere or ☐ Uncertain.

Information about the ☐ Representative Payee, ☐ Trustee or ☐ Custodian of a Trust of Custodianship:

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

_____ _____ _____ _____ _____
(Address Line 1) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: _____

☐ **An attachment to this petition provides additional information.**

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

13. 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

14. Does the 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

WHEREFORE, PETITIONER REQUESTS THAT THIS HONORABLE COURT:

Appoint ☐ _____ _____ _____ **or**
First Name M.I. Last Name

☐ Some suitable person. click to add click to remove

as: ☐ **Limited Conservator;**

with limitations as follows:

☐ **Conservator;**

☐ **Special Conservator to assist in the accomplishment of the protective arrangement or a single transaction below.**

☐ **In addition, I request that the Court grant the following specific powers sought pursuant to G.L. c. 190B, §§ 5-407(c); 5-407(d)(1)-(7) (for which a substituted judgment must be made and Counsel appointed); 5-423 (8)-(13):**

☐ **Authorize the following protective arrangement or single transaction:**

☐ **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:

_____
Signature of Attorney for Petitioner

_____
(Print name)

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

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

Primary Phone #: _____

B.B.O. # _____

Reset Form