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

In the Interest of:

_____ First Name _____ Middle Name _____ Last Name

Protected Person

_____ **Division**

1. **The Petitioner is:**

   ☐ The Conservator of the Respondent;

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

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

2. **Information about the 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/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 Conservator appointing**

   _____ Name on _____ (date)

   (hereafter "Conservator") and said Decree(s) are still valid and in full force and effect.

5. **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 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 ☐ 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

Q. 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 Conservator be **expanded** as follows **(a statutory reference must be provided)**:

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

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

☐ In addition, I request that the Court:

WHEREFORE, PETITIONER REQUESTS THAT THIS HONORABLE COURT:

☐ **Expand** ☐ **Modify** ☐ **Limit** **the powers of the Conservator 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