NOTICE/ORDER REGARDING GUARDIAN'S CARE PLAN/REPORT (ADULT)	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**

NOTICE

This Court has reviewed and accepted the Guardian's Care Plan/Report. **Receipt and acceptance does not release the Guardian from fiduciary standards.**

ORDER

THE GUARDIAN'S ANNUAL CARE PLAN/REPORT MUST BE FILED WITH THE COURT EACH YEAR ON THE ANNIVERSARY OF THE GUARDIAN'S APPOINTMENT UNTIL THE GUARDIANSHIP IS TERMINATED UNLESS OTHERWISE ORDERED BY THE COURT.

☐ The following question(s) must be completed or supplemented: _____

An amended Guardian Care Plan/Report with this required information must be filed by: _____ . (date)

Failure to submit an amended report may result in a Show Cause hearing which may affect your appointment as Guardian.

☐

☐ This matter is set for a hearing at the following time and location:

Date: _____

Time: ____ : ____ ☐ AM ☐ PM

Probate & Family Court Location _____

_____

_____

_____

_____

Date: _____ _____

Reset Form