EXHIBIT A LIMITATIONS TO GUARDIANSHIP	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**

Exhibit to ☐ an Order or ☐ a Decree and Order dated _____

The Incapacitated Person shall retain the following rights or responsibilities:

Care of Self

- ☐ To be responsible for bathing, dressing, toileting, and dental care (with assistance).
- ☐ To choose and determine daily meals.

Medical Decision Making and Management

- ☐ To make and communicate decisions about health care, including the continuance or withdrawal of life sustaining treatment.
- ☐ To choose a health or longterm care facility.
- ☐ To choose and direct home health care providers.
- ☐ To manage medications (with assistance).

Home and Community Life

- ☐ To choose to reside/live at home.
- ☐ To be responsible for maintaining and cleaning the home (with assistance).
- ☐ To be left alone (with time limit).
- ☐ To drive with a valid driver's license.
- ☐ To use public transportation independently.
- ☐ To make and communicate choices about roommates.
- ☐ To select and plan a schedule of daily and leisure activities.
- ☐ To vote.
- ☐ To smoke at a time and place of the incapacitated person's choosing, within the law.
- ☐ To seek and obtain employment.
- ☐ To travel.
- ☐ To determine with whom to have friendships and visitation.
- ☐ To determine how much to participate in religious activities.
- ☐ To use the telephone or computer (without supervision).
- ☐ To correspond with others and to use mail or email (without supervision).
- ☐ _____

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