DESIGNATION AND CONSENT TO STANDBY GUARDIANSHIP

Docket No.

Massachusetts Trial Court
Probate and Family Court

INSTRUCTIONS

NOTE: Use this form if you are the legal parent or court-appointed guardian to designate an adult to be a standby guardian of the minor Child(ren) if you die, are the subject of an adverse immigration action, are adjudicated an incapacitated person, or are no longer able to care for the minor Child(ren) as determined by a physician's examination as provided for in G. L. c. 190B, § 5-202(d).

- **Death:** Your death has occurred.
- **Incapacitation:** A court has adjudicated you an incapacitated person.
- **No longer able to care:** After an examination, a physician has made a written determination that you are no longer able to care for the minor Child(ren) unless they are in the care or custody of another person.
- **Adverse Immigration Action:** As defined in G. L. c. 190B, § 5-202(d).

DESIGNATION

1. I/We, _____ ,
(your full name(s))

who is/are the Child(ren)'s ☐ Legal parent ☐ Court-Appointed Guardian designate the following standby guardian for the Child(ren): _____
(full name of standby guardian)

_____ _____ _____ _____ _____
(Address) (Apt, Unit, etc.) (City/Town) (State) (Zip)

Primary Phone #: _____ Email (if available): _____

MINOR CHILD(REN)

2. The Child(ren) subject to standby guardianship are:

a. Child One: _____ _____ _____
First Name M.I. Last Name

The Child's Date of Birth: _____ Current age: _____

b. Child Two: _____ _____ _____
First Name M.I. Last Name

The Child's Date of Birth: _____ Current age: _____

c. Child Three: _____ _____ _____
First Name M.I. Last Name

The Child's Date of Birth: _____ Current age: _____

PARENTAL RIGHTS (IF APPLICABLE)

3. Complete this section if another person(s) has parental rights to the minor Child(ren).

a. Full name of person with parental rights: _____

Relationship to Child(ren): _____

☐ They consent to this designation of standby guardianship. *(See Consent to Designation of Standby Guardian MPC 143)*

☐ They **have not consented** to the designation of standby guardian because *(check all that apply)*:

☐ they are mentally or physically unable to give consent.

☐ their whereabouts are unknown.

☐ no one else has been adjudicated a parent.

☐ they are unwilling to give consent for the following reason:

b. Full name of person with parental rights: _____

Relationship to Child(ren): _____

☐ They consent to this designation of standby guardianship. *(See Consent to Designation of Standby Guardian MPC 143)*

☐ They **have not consented** to the designation of standby guardian because *(check all that apply)*:

☐ they are mentally or physically unable to give consent.

☐ their whereabouts are unknown.

☐ no one else has been adjudicated a parent.

☐ they are unwilling to give consent for the following reason:

POWERS AND DUTIES

4. I/We grant the standby guardian of the minor Child(ren) the authority to *(check all that apply)*:

☐ provide for the Child(ren)'s physical and mental well-being, including providing food and shelter.

☐ make educational decisions and take educational actions on behalf of the Child(ren), including enrolling them in school, picking them up from school, making special education decisions, and obtaining educational records.

☐ make medical treatment decisions for the Child(ren), including determining and consenting to medical, psychological, and dental treatment, obtaining information and medical and hospital records, authorizing hospital admissions and discharges, and consulting with health care providers.

☐ make domestic and international travel arrangements for the Child(ren), accompany the Child(ren) on trips, and make related arrangements including hotel and other accommodations.

☐ receive and use public benefits and child support payable on behalf of the Child(ren).

☐ take any other action required for the Child(ren) in their best interest.

☐ other:

SIGNATURES

I/We understand that the standby guardian's authority will end upon the first to occur of: (1) the appointment of a guardian by the Court; (2) the revocation of the appointment by the appointing parent or guardian; **or** (3) the filing of an objection pursuant to section G. L. c. 190B, § 5-203.

I/We also understand that I/we retain full parental rights even after the beginning of the standby guardian's authority and may revoke the standby guardianship at any time.

Designating Parent(s)/Guardian Signature

Date: _____

_____
Signature of Parent 1/Guardian

_____
(Print full name)

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

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

Primary Phone #: _____

E-mail: _____

Date: _____

_____
Signature of Parent 2/Guardian

_____
(Print full name)

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

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

Primary Phone #: _____

E-mail: _____

We declare that the person(s) whose name appears above signed this document in our presence. We further declare that we are at least 18 years of age and not the person designated as standby guardian.

Witnesses Signature

Date: _____

_____
Signature of Witness 1

_____
(Print full name)

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

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

Date: _____

_____
Signature of Witness 2

_____
(Print full name)

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

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