

GENERAL TRUST PETITION FOR APPOINTMENT OF GUARDIAN AD LITEM-TRUST G.L. c. 203E, §§ 305(b)	Docket No. _____	Commonwealth of Massachusetts The Trial Court Probate and Family Court
case name	Division _____	

The Petitioner(s) (hereafter "Petitioner"), an interested person(s), makes the following statements:

1. Petitioner is:

Name: _____
First Name
M.I
Last Name

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

Primary Phone #: _____

Interest of the Petitioner in the matter (e.g. Trustee, other interested person, etc.): _____

2. The Petitioner seeks the appointment of a Guardian ad Litem

from a court approved list **OR** the following proposed person:

Name: _____
First Name
M.I
Last Name

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

Primary Phone #: _____ BBO number: _____

3. The proposed Guardian ad Litem has experience to serve, unrelated to any interested person, and has no interest adverse to the interests of the person to be represented.

4. The Guardian ad Litem is to represent the interests of the following:

Name: _____
First Name
M.I
Last Name

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

Primary Phone #: _____

The interest to be represented is:

- a minor whose date of birth is: _____
(date of birth)
- a person with a disability (within the meaning of G.L. c. 190B).
- an unborn person.
- a person whose identity or address is unknown.
- a designated class of persons who are not ascertained or not in being.

5. The appointment of a Guardian ad Litem is necessary for the following reasons (specify statutory authority and specific reasons for such appointment):

6. Notice of this proceeding:

is requested.

should be dispensed with for the following reasons (specify reasons):

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date: _____

Signature of Petitioner

Information on Attorney for Petitioner, if any

Signature of Attorney

(Print name)

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____

B.B.O. # _____

Email: _____