

<b>GENERAL TRUST PETITION</b>	Docket No. _____	<b>Commonwealth of Massachusetts The Trial Court Probate and Family Court</b>
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, Beneficiary, etc): \_\_\_\_\_

2. Identify the Trust and Settlor (e.g. ABC Trust, Trust under written instrument by Jane Smith, under the will of Jane Smith dated 1/1/12, etc.):

\_\_\_\_\_

Date of Trust: \_\_\_\_\_ (date) Dates of Amendments, if any: \_\_\_\_\_

**A copy of the trust and any amendments are attached or are on file with the Court.**

Venue for this proceeding is proper in this Court because:

\_\_\_\_\_

3. Current Trustee(s) is/are  the Petitioner **AND/OR**  as follows:

Name: \_\_\_\_\_  
First Name M.I. Last Name

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

Primary Phone #: \_\_\_\_\_

4. Persons interested in this trust and their representatives (Guardian, Conservator, etc.) are as follows:

Name	Address	Interest	Indicate if this person is:
			<input type="checkbox"/> Minor <input type="checkbox"/> Incompetent
			<input type="checkbox"/> Minor <input type="checkbox"/> Incompetent
			<input type="checkbox"/> Minor <input type="checkbox"/> Incompetent

5. The Petitioner states the following:

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The Petitioner requests the Court do the following:

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## 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

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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: \_\_\_\_\_