VERIFIED MOTION FOR APPOINTMENT OF TEMPORARY GUARDIAN FOR AN INCAPACITATED PERSON PURSUANT TO G.L. c.190B, § 5-308	Docket No.		Commonwealth of Massachusetts The Trial Court Probate and Family Court		
In the Interests of:				Division	
First Name Middle Name Last Name					
Alleged Incapacitated Person/Respondent					
on Petition filed					
The court shall encourage the development of maxin Person and make appointive and other orders only to limitations or other conditions warranting the guardi	the extent nec				
Now comes the moving party First Name		M.I.	Last Name		
who states as follows:					
1. An emergency exists requiring the appointment of a Temporary Guardian as any delay in the appointment will cause immediate and substantial harm to the health, safety or welfare of the Respondent, and no other person has authority to act in the circumstances.					
2. The nature of the circumstances requiring the appoint	nent of a Tempo	rary Gua	rdian are:		
3. The particular harm sought to be avoided is:					
4. The actions which need to be taken by a Temporary G	uardian to avoid	the harn	n are:		
 5. Respondent: Does (See Petition) does not have a Health A copy of the Health Care Proxy is attached 	Care Agent in t		nonwealth or elsewhere or Court	☐Uncertain.	
The within Motion hereby is ALLOWED (see Order Appointing Temporary Guardian). DENIED.					
Date					
	JUS	STICE OF	THE PROBATE AND FAMILY CO	URT	

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6. Respondent:				
☐ Does (See Petition) ☐ does not have a Durable Po☐ Uncertain.	ower of Attorney/Agent in the Commo	onwealth or elsewhere or		
A copy of the Durable Power of Attorney is attached WHEREFORE, PETITIONER REQUESTS THAT THIS HO		unavailable.		
WHEREI ORE, I EITHONER REGOLOTO THAT THIS HE	NORABLE GOOKT:			
Appoint The Petitioner(s) or				
First Name	M.I. Last Name	or		
Some suitable person.				
as Temporary Guardian(s) of the Respondent to serve	with without sureties for the follow	ving reasons:		
☐ The moving party further seeks specific court authorize	zation:			
to admit Respondent to a nursing facility;				
to treat Respondent with antipsychotic med	dication in accordance with a treatmer	nt plan;		
for the following treatment or action for wh be required:	ich a substituted judgment determinat	ion may		
 ☐ to revoke the Health Care Proxy of the Inc. ☐ to apply for health insurance benefits inclu ☐ In addition, I request that the Court: 		pondent.		
SIGNED UNDER THE I affirm or swear under oath that I have read the for and correct to the best of my knowledge. Date		ts set forth therein are true		
Date				
	Signature of Attorne	Signature of Attorney for Moving Party		
	(Print name)			
	(Address)	(Apt, Unit, No. etc.)		
	(City/Town)	(State) (Zip)		
	Primary Phone #:			
	B.B.O. #			
	D.D.O. "			