MOTION TO ☐ EXTEND AND / OR ☐ AMEND TREATMENT ORDER	Docket No.	**Massachusetts Trial Court Probate and Family Court**

In the Interests of:

First Name _____ Middle Name _____ Last Name _____

Respondent

_____ **Division**

Now comes the moving party who is requesting that this Court ☐ extend and / or ☐ amend the Substituted Judgment Treatment Plan previously authorized by the Court.

This Court approved the previous Treatment Plan on _____ (date) .

The previous Treatment Plan expired on _____ (date) .

In support of the request for extension, the moving party states that the Respondent remains unable to render informed consent to treatment with antipsychotic medications, and that it would be the Respondent's judgment to accept same, as described in the Affidavit and Treatment Plan attached.

Respectfully Submitted,

Date: _____

_____
Signature of Moving Party

_____
Print Name

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

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

Primary Phone #: _____

Email: _____

Date: _____

_____
(Print name of Attorney for Moving Party)

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

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

Primary Phone #: _____

Email: _____

B.B.O. # _____

The within Motion is hereby ☐ ALLOWED. ☐ DENIED.

Date _____

_____
☐ JUSTICE ☐ JUDICIAL DESIGNEE