MOTION TO REINSTATE ROGERS AUTHORITY

Docket No.

Massachusetts Trial Court
Probate and Family Court

In the Interests of:

First Name _____ Middle Name _____ Last Name _____

Respondent

_____ **Division**

Now comes Counsel for the ☐ Petitioner ☐ Incapacitated Person who moves that this Court reinstate the authority to treat the above-named Respondent with antipsychotic medication(s) in accordance with the current Clinician's Affidavit and Proposed Treatment Plan.

A Decree and Order of Appointment of Guardian for an Incapacitated Person, **with Rogers Authority** was allowed on:

_____ (date) .

The most recent Treatment Plan was approved on: _____ (date) .

This previous Treatment Plan expired on: _____ (date) .

Date: _____

_____
Signature

_____
Print Name

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

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

Primary Phone #: _____

Email: _____

B.B.O. # _____

The within Motion is hereby ☐ **ALLOWED.** ☐ **DENIED.**

Date _____

_____
JUSTICE OF THE PROBATE AND FAMILY COURT