NOTICE OF ACCEPTANCE OF APPOINTMENT

G. L. c. 190B, § 5-202(c)

Docket No.	**Massachusetts Trial Court** **Probate and Family Court**

INSTRUCTIONS

NOTE: USE THIS FORM IF YOU ARE THE STANDBY GUARDIAN AND THE PARENT OR COURT-APPOINTED GUARDIAN PETITIONED FOR CONFIRMATION OF STANDBY GUARDIAN (MPC 141a) AND A DECREE OF CONFIRMATION WAS ENTERED BY THE COURT. A COPY OF THE WILL OR OTHER NOMINATING INSTRUMENT MUST ACCOMPANY THIS ACCEPTANCE.

ACCEPTANCE

1. The Court entered a Decree of Confirmation under G. L. c. 190B, § 5-202(c) on _____ .
date of decree

2. My authority as standby guardian of the Child became effective on _____ , when
date standby guardianship began
I received the following:

- ☐ a written determination by a physician who has examined the parent or guardian that the parent or guardian is no longer able to care for the Child. *(copy of the document is attached)*
- ☐ a copy of an adjudication that the parent or guardian is an incapacitated person. *(copy of the document is attached)*
- ☐ a notice of death of the parent or guardian. *(copy of the document is attached)*
- ☐ information that there was an adverse immigration action against the parent or guardian. *(affidavit and supporting information if available is attached)*

3. I, _____ (First Name) _____ (Middle Name) _____ (Last Name) , accept appointment as standby guardian of the Child: _____ (First Name) _____ (Middle Name) _____ (Last Name) .

SIGNATURE

I accept the appointment of standby guardian and affirm the appointment has become effective within the past 30 days for the reason(s) stated above.

Date: _____

_____
Signature of Standby Guardian

_____
(Print full name)

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

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

Primary Phone #: _____

E-mail: _____