NOTICE OF ACCEPTANCE OF APPOINTMENT

G. L. c. 190B, § 5-202(e)(2)

Docket No.

Massachusetts Trial Court
Probate and Family Court

INSTRUCTIONS

NOTE: USE THIS FORM IF THE PARENT OR COURT-APPOINTED GUARDIAN HAS NOMINATED/DESIGNATED YOU STANDBY GUARDIAN AND THE DESIGNATION HAS BECOME EFFECTIVE IN THE LAST 30 DAYS. A COPY OF THE WILL OR OTHER NOMINATING INSTRUMENT MUST ACCOMPANY THIS ACCEPTANCE.

ACCEPTANCE

1. My authority as standby guardian of the Child became effective on _____ (date standby guardianship began), when 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)*

2. 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: _____