

NOTICE OF HEARING

Docket No. _____

**Commonwealth of Massachusetts
The Trial Court
Probate and Family Court**

In the Interests of:

_____ First Name

_____ Middle Name

_____ Last Name

_____ Division

RESPONDENT

To All Interested Persons:

A hearing on: _____ (name of pleading)

a copy of which was previously sent on _____ **OR**
(date)

a copy of which is attached, will be held at the following time and location:

Date: _____

Time: ____ : ____ AM PM

Probate & Family Court Location

IMPORTANT NOTICE

The outcome of this proceeding may limit or completely take away the above-named person's right to make decisions about personal affairs or financial affairs or both. The above-named person has the right to ask for a lawyer. Anyone may make this request on behalf of the above-named person. If the above-named person cannot afford a lawyer one may be appointed at State expense.

Date _____

(Signature of Petitioner or Attorney for Petitioner)

(Print name)

(Address)

(apt., unit, etc.)

(City/Town)

(State)

(Zip)

Primary Phone: _____

B.B.O. # (attorneys only) _____

A CERTIFICATE OF SERVICE STATING THAT NOTICE HAS BEEN GIVEN MUST BE FILED WITH THE COURT