

PETITION FOR APPOINTMENT OF CONSERVATOR FOR DISABLED PERSON OR FOR SINGLE TRANSACTION	Docket No. _____	Commonwealth of Massachusetts The Trial Court Probate and Family Court
In the Interests of: <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> _____ First Name _____ Middle Name _____ Last Name </div> Person to be Protected/Respondent <input type="checkbox"/> Minor <input type="checkbox"/> Adult		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="text-align: right;">Division</div> </div>

The Court, whenever feasible, shall grant to a Conservator only those powers necessary based on the Protected Person's limitations and demonstrated needs and will issue orders that will encourage the development of the Protected Person's maximum self-reliance and independence.

1. Information about Respondent:

Name: _____

_____ First Name
_____ M.I.
_____ Last Name

Primary Language: ☐ English ☐ Other _____ Primary Phone #: _____

Date of Birth: _____ Age: _____ Gender: _____

Principal Residence: _____

_____ (Address)
_____ (Apt, Unit, No. etc.)
_____ (City/Town)
_____ (State)
_____ (Zip)

Date Residence was established: _____

Current Address: ☐ Same as Above or ☐ the following address:

_____ (Address)
_____ (Apt, Unit, No. etc.)
_____ (City/Town)
_____ (State)
_____ (Zip)

If this appointment is made, Respondent's dwelling will be ☐ Principal Residence ☐ Current Address ☐ the following address:

_____ (Address)
_____ (Apt, Unit, No. etc.)
_____ (City/Town)
_____ (State)
_____ (Zip)

If the residence and current address are outside of the Commonwealth, state the location of Respondent's property within the county:

_____ (Address)
_____ (Apt, Unit, No. etc.)
_____ (City/Town)
_____ (State)
_____ (Zip)

2. Information about the Petitioner:

Name: _____

_____ First Name
_____ M.I.
_____ Last Name

_____ (Address) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip)

Primary Phone #: _____ Relationship to Respondent: _____

State your interest in the appointment:

☐ **An attachment to this petition provides information on co-petitioners.**

3. Petitioner is requesting:

☐ to be appointed ☐ that some suitable person be appointed ☐ the following person be appointed:

Name: _____

_____ First Name
_____ M.I.
_____ Last Name

_____ (Address) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip)

Primary Phone #: _____ Relationship to Respondent: _____

☐ **An attachment to this petition provides additional information.**

4. He or she has priority of appointment because the nominee is: _____ .

5. **This is a Petition for:**

☐ The appointment of a Limited Conservator

With limitations as follows:

☐ The appointment of a Conservator

State why a limited conservator is inappropriate:

☐ Authorization of the following protective arrangement or single transaction:

☐ The appointment of a Special Conservator to assist in the accomplishment of the above-stated protective arrangement or other authorized single transaction.

6. **Unless the Respondent is a minor, a Medical Certificate dated with an examination having taken place within 30 days of the filing of the petition or, if Respondent is alleged to be Intellectually Disabled, a Clinical Team Report dated with an examination having taken place within 180 days of the filing of the petition:**

☐ is filed with this Petition or is on file with the Court (Docket No. _____); OR

☐ is not filed with this Petition and is not on file with the Court.

If a Medical Certificate or Clinical Team Report is not filed with this Petition, or on file with this Court, you must immediately file and present a motion requesting that the Court permit it to be filed late or waive the filing requirement. An affidavit must accompany the motion explaining why it is impossible to file a Medical Certificate or Clinical Team Report with this Petition.

7. **A conservator is necessary and in the best interest of Respondent because Respondent is:**

☐ a minor; **OR**

☐ alleged disabled for reasons other than minority. A description of the nature and extent of the Respondent's alleged incapacity is detailed in the most recent Medical Certificate or Clinical Team Report filed with this Petition or is described as follows:

OR

☐ detained or otherwise unable to return to the United States. State the relevant circumstances, including the time and nature of detention or inability to return and a description of any search or inquiry concerning the person's whereabouts:

AND

☐ Respondent has property which will be wasted or dissipated unless proper management is provided;

AND/OR

☐ Respondent or persons entitled to Respondent's support require money for support, care, and welfare, and protection is necessary or desirable to obtain or provide money.

8. **Respondent ☐ is ☐ is not alleged to be Intellectually Disabled.**

9. List Respondent's:

- A. Spouse and Children. If none, list parents and brothers and sisters or, if none, list heirs apparent or presumptive. E. Health Care Agent;
 B. Current Guardian in the Commonwealth or elsewhere; F. Durable Power of Attorney/Agent;
 C. Nominated Guardian in the Commonwealth or elsewhere; G. Representative Payee; and/or
 D. Current Conservator in the Commonwealth or elsewhere; H. Caretaker in the last 60 days.

Name	Primary Address	Primary Phone	Relationship (Check all that apply)	Indicate if this person is:
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> Nominated Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Relative: _____ <div style="text-align: right;">(relationship)</div> <input type="checkbox"/> Representative Payee <input type="checkbox"/> Health Care Proxy <input type="checkbox"/> Durable Power Holder <input type="checkbox"/> Had care & custody in the last 60 days.	<input type="checkbox"/> Minor <input type="checkbox"/> Incompetent
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> Nominated Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Relative: _____ <div style="text-align: right;">(relationship)</div> <input type="checkbox"/> Representative Payee <input type="checkbox"/> Health Care Proxy <input type="checkbox"/> Durable Power Holder <input type="checkbox"/> Had care & custody in the last 60 days.	<input type="checkbox"/> Minor <input type="checkbox"/> Incompetent
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> Nominated Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Relative: _____ <div style="text-align: right;">(relationship)</div> <input type="checkbox"/> Representative Payee <input type="checkbox"/> Health Care Proxy <input type="checkbox"/> Durable Power Holder <input type="checkbox"/> Had care & custody in the last 60 days.	<input type="checkbox"/> Minor <input type="checkbox"/> Incompetent

10. Does the Respondent have, in the Commonwealth or elsewhere:		If yes, a copy of the document is:	Information/Explanation: (If a Petition has been filed but not allowed, please list Court and Docket Number of pending case)
A current Guardian?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A document nominating a Guardian?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A current Conservator?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A Representative Payee?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A Health Care Agent?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A Durable Power of Attorney/Agent?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	

11. Respondent:

☐ Does ☐ does not have a Representative Payee, Trustee or Custodian of a Trust of Custodianship in the Commonwealth or elsewhere or ☐ Uncertain.

Information about the ☐ Representative Payee, ☐ Trustee or ☐ Custodian of a Trust of Custodianship:

Name: _____
First Name M.I. Last Name

(Address Line 1) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: _____

☐ An attachment to this petition provides additional information.

12. Respondent: ☐ is ☐ is not entitled to benefits from the Department of Veterans Affairs or ☐ Uncertain.

13. Does Respondent have any assets, e.g. bank accounts, property? ☐ Yes ☐ No ☐ Uncertain.

If **Yes**, identify:

Description of Assets, e.g. Bank Accounts, Property, Insurance, Pensions DO NOT INCLUDE NAMES OF INSTITUTIONS OR ACCOUNT NUMBERS	Estimated Value of Property
Total	

☐ An attachment to this petition provides additional information.

14. Does the Respondent have any anticipated income? ☐ Yes ☐ No ☐ Uncertain.

If **Yes**, identify:

Description of Income, e.g. Social Security, Interest DO NOT INCLUDE NAMES OF INSTITUTIONS OR ACCOUNT NUMBERS	Amount of Anticipated Monthly Income or Receipts
Total	

☐ An attachment to this petition provides additional information.

WHEREFORE, PETITIONER REQUESTS THAT THIS HONORABLE COURT:

Appoint ☐ _____ **on**

☐ Some suitable person.

as: ☐ Limited Conservator;

with limitations as follows:

☐ **Conservator;**

☐ **Special Conservator to assist in the accomplishment of the protective arrangement or a single transaction below.**

☐ **In addition, I request that the Court grant the following specific powers sought pursuant to G.L. c. 190B, §§ 5-407(c); 5-407(d)(1)-(7) (for which a substituted judgment must be made and Counsel appointed); 5-423 (8)-(13):**

☐ **Authorize the following protective arrangement or single transaction:**

☐ **Other:**

SIGNED UNDER THE PENALTIES OF PERJURY

I affirm or swear under oath that I have read the foregoing Petition and that the statements set forth therein are true and correct to the best of my knowledge.

Date: _____

Signature of Petitioner

Date: _____

Signature of Co-Petitioner (If applicable)

I assent to the foregoing Petition:

Print Name

Signature

Date _____

Date _____

Date _____

Date _____

Attorney for Petitioner:

Signature of Attorney for Petitioner

(Print name)

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____

B.B.O. # _____