

**PETITION FOR REMOVAL OF
GUARDIAN OF MINOR PURSUANT TO
G.L. c. 190B, §5-212**

Docket No.

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

In the Interests of:

Division

First Name

Middle Name

Last Name

Minor

1. Petitioner(s),

First Name

M.I.

Last Name

Current address

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____

is/are the Parent(s) mother father both.

is the Minor (if 14 or more years of age).

is a person interested in the welfare of the Minor. (State nature of interest)

2. Guardian(s),

First Name

M.I.

Last Name

Current address

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____

was appointed on _____

(date)

3. Petitioner(s) requests that the court remove the guardian/co-guardians for the following reasons:

The biological parent(s) can resume parental responsibilities. (Explain circumstances)

Address of parent(s) resuming responsibility

First Name

M.I.

Last Name

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____

The Minor was adopted.

Other: (Attach additional sheets or documents, if necessary)

4. Petitioner requests that

_____ First Name _____ M.I. _____ Last Name _____

be appointed as successor Guardian(s) (Petitioner is not required to nominate a successor).

5. Petitioner requests a hearing be scheduled on this matter.

The Minor (if 14 years of age or older), guardian, and the parents of the minor, provided that the parental rights have not been terminated or a voluntary surrender has not been signed, are required by law to be given notice of the time and place of hearing on this Petition.

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)

Attorney for Petitioner

Print Name

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

(City/Town) (State) (Zip)

Primary Phone #: _____

BBO No.: _____