

<b>REPRESENTATIONS OF RESPONDENT'S COUNSEL</b>	Docket No. _____	<b>Commonwealth of Massachusetts The Trial Court Probate and Family Court</b>
<b>In the Interests of:</b>  <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> <span>_____ First Name</span> <span>_____ Middle Name</span> <span>_____ Last Name</span> </div>	<div style="text-align: right; border-top: 1px solid black; margin-top: 10px;"> <b>Division</b> </div>	
<b>Incapacitated Person/Respondent</b>		

1. I am the appointed counsel for the above named Respondent. I have represented my client in various mental health related cases in this and other courts for \_\_\_\_\_ ☐ months ☐ years.
  
2. A Motion to Extend and / or Amend the existing Order has been filed seeking authorization for treatment of the Respondent with antipsychotic medications for an additional \_\_\_\_\_ months.
  
3. I do not object to entry of an order granting the moving party's motion.
  
4. I have reviewed the documents in this case which are relevant to the moving party's motion, including the Clinician's Affidavit and Report dated \_\_\_\_\_ (date) and the Report of the Court appointed Monitor.
  
5. Since the entry of the Order currently in effect, I have met with my client on the following occasions, at least one such meeting being within thirty (30) days of the filing of this Representation, to discuss this motion:  
  
\_\_\_\_\_ (date) , \_\_\_\_\_ (date) , \_\_\_\_\_ (date) .
  
6. This matter has been before the Court on the following dates: \_\_\_\_\_ (dates)  
\_\_\_\_\_ (dates) (initial determination of incompetency and substituted judgment)  
and, most recently on \_\_\_\_\_ (date) (review/extension/other).
  
7. In accordance with the decision in *Guardianship of Brandon*, 424 Mass. 482 (1997), to prevail at a hearing to contest the moving party's motion, the Incapacitated Person would have the burden of demonstrating that there has been a substantial change in circumstances since the entry of the Court's last order.
  
8. My client is aware of his/her right to participate in the instant proceeding, and does not wish to participate.
  
9. I agree with the moving party that the proposed Order, if issued, should be reviewed in \_\_\_\_\_ months.

Date: \_\_\_\_\_

\_\_\_\_\_  

Signature

\_\_\_\_\_  

(Print name)

\_\_\_\_\_  

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

\_\_\_\_\_  

(City/Town)
(State)
(Zip)

Primary Phone #: \_\_\_\_\_

B.B.O. # \_\_\_\_\_

E-Mail: \_\_\_\_\_