

<p align="center"><b>REQUEST OF INTERESTED PARTY TO ACCESS IMPOUNDED MEDICAL INFORMATION</b></p>	<p>Docket No.</p>	<p align="center"><b>Commonwealth of Massachusetts The Trial Court Probate and Family Court</b></p>
<p><b>In the Interests of:</b></p> <p>_____</p> <p align="center">First Name      Middle Name      Last Name</p>		<p align="right">_____ <b>Division</b></p>

I, \_\_\_\_\_ a person named in the Petition for

First Name      Middle initial      Last Name

- Guardianship of an Adult
- Conservatorship

hereby files this written request to access the impounded medical information for the above-named Respondent. My relationship to the Respondent is \_\_\_\_\_ .

Date \_\_\_\_\_

\_\_\_\_\_

Signature of Requesting Party

\_\_\_\_\_

(Address)      (Apt, Unit, No. etc.)

\_\_\_\_\_

(City/Town)      (State)      (Zip)