VERIFIED PETITION TO CONFIRM STANDBY GUARDIAN OF MINOR

G. L. c. 190B, § 5-202(c)

Docket No.

Massachusetts Trial Court
Probate and Family Court

In the Interest of:

First Name _____ Middle Name _____ Last Name _____

_____ **Division**

INSTRUCTIONS

NOTE: USE THIS FORM IF YOU ARE THE LEGAL PARENT OR COURT-APPOINTED GUARDIAN AND YOU WANT TO ASK THE COURT TO CONFIRM THE DESIGNATION OF STANDBY GUARDIAN BECAUSE YOU MAY BE UNABLE TO CARE FOR THE CHILD WITHIN 2 YEARS OR LESS.

INFORMATION ABOUT THE MINOR CHILD

1. The Child is _____ (First Name) _____ (Middle Name) _____ (Last Name)

2. The Child's Date of Birth: _____ Current age: _____

3. The Child's current address:

_____ (Address) _____ (Apt, Unit, etc.) _____ (City/Town) _____ (State) _____ (Zip)

County of Residence: _____

INFORMATION ABOUT YOU (THE PETITIONER)

4. The petitioner is _____ (First Name) _____ (M.I.) _____ (Last Name)

5. The petitioner's current address:

_____ (Address) _____ (Apt, Unit, etc.) _____ (City/Town) _____ (State) _____ (Zip)

Primary Phone #: _____ Email: _____

6. I state under the penalties of perjury that I have custody of the minor child as I am the Child's:

☐ Legal parent ☐ Court-Appointed Guardian

INFORMATION ABOUT THE MINOR CHILD'S LEGAL PARENTS

7. The Child's legal parent(s) is/are *(a copy of the Child's birth certificate is attached)*:

a. Legal Parent 1: _____ (First Name) _____ (M.I.) _____ (Last Name)

_____ (Address) _____ (Apt, Unit, etc.) _____ (City/Town) _____ (State) _____ (Zip)

☐ The legal parent is deceased.

b. Legal Parent 2: _____ (First Name) _____ (M.I.) _____ (Last Name)

_____ (Address) _____ (Apt, Unit, etc.) _____ (City/Town) _____ (State) _____ (Zip)

☐ The legal parent is deceased.

INFORMATION OF DESIGNATION AND AUTHORITY

8. On _____ (date of designation), I designated, _____ (name of standby guardian)

as standby guardian of the above referenced Child. (A copy of the will and/or designation is attached.)

9. The witnesses to the signing of the designation were:

a. Witness 1: _____ (First Name) _____ (M.I.) _____ (Last Name)

_____ (Address) _____ (Apt, Unit, etc.) _____ (City/Town) _____ (State) _____ (Zip)

b. Witness 2: _____ (First Name) _____ (M.I.) _____ (Last Name)

_____ (Address) _____ (Apt, Unit, etc.) _____ (City/Town) _____ (State) _____ (Zip)

10. The authority as standby guardian of the Child becomes effective upon the following:

- ☐ a written determination by a physician who has examined the parent or guardian that the parent or guardian is no longer able to care for the Child.
- ☐ a copy of an adjudication that the parent or guardian is an incapacitated person.
- ☐ a notice of death of the parent or guardian.
- ☐ an adverse immigration action against the parent or guardian.

11. Complete this section if a person with parental rights over the Child **did not sign or consent** to the designation.

Name: _____ (First Name) _____ (M.I.) _____ (Last Name)

_____ (Address) _____ (Apt, Unit, etc.) _____ (City/Town) _____ (State) _____ (Zip)

Primary Phone #: _____ Relationship to Child: _____

Reason for not signing or consenting to the designation are ☐ unknown ☐ as follows (*briefly explain):*

12. The designation gives the authority to (*check all that apply*):

- ☐ provide for the Child's physical and mental well-being, including providing food and shelter.
- ☐ make educational decisions and take educational actions on behalf of the Child, including enrolling them in school, picking them up from school, making special education decisions, and obtaining educational records.
- ☐ make medical treatment decisions for the Child, including determining and consenting to medical, psychological, and dental treatment, obtaining information and medical and hospital records, authorizing hospital admissions and discharges, and consulting with health care providers.
- ☐ make domestic and international travel arrangements for the Child, accompany the Child on trips, and make related arrangements including hotel and other accommodations.
- ☐ receive and use public benefits and child support payable on behalf of the Child.
- ☐ take any other action required for the Child in their best interest.

☐ other:

INFORMATION ABOUT ASSENT

13. ☐ The Child is 14 years of age or older and assents to the petition. (see notarized assent on this petition)

☐ The Child is 14 years of age or older and does not assent to this petition.

☐ Not Applicable. The Child is not 14 years of age or older.

REQUESTS

a. Find that I will likely become unable to care for the Child within 2 years or less.

b. Find that proper notice has been given pursuant to G. L. c. 190B, § 5-206(b).

c. Confirm my selection of a standby guardian and terminate the rights of others under G. L. c. 190B, § 5-203.

and *(if applicable)*

d. ☐ If there is a hearing on this petition, I request an interpreter for (check all that apply):

☐ Child ☐ Petitioner ☐ Legal Parent

Language(s): _____

NOTARIZED SIGNATURE OF MINOR CHILD, 14 YEARS OF AGE OR OLDER

Date: _____ Sign here in the presence of a Notary Public → _____

_____
Type or Print Name of the Minor Child,
14 years of age or older

On this _____ day of _____ , 20 ____ , in the state of _____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory
(Name of Document Signer)
evidence of identification, which were _____ , to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

(seal) Notary Public Signature _____ My commission expires: _____

Print Name _____ State of Commission _____

SIGNED UNDER THE PENALTIES OF PERJURY

I affirm or swear under oath and under the penalties of perjury 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

_____
(Print full name)

Primary Phone #: _____

Email: _____

Information on Attorney for Petitioner, if any

Signature of Attorney

(Print full name)

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

(City/Town) (State) (Zip)

Primary Phone #:

B.B.O. #

Email: