

VERIFIED MOTION FOR APPOINTMENT OF TEMPORARY GUARDIAN FOR AN INCAPACITATED PERSON PURSUANT TO G.L. c.190B, § 5-308	Docket No. _____	Commonwealth of Massachusetts The Trial Court Probate and Family Court
In the Interests of: _____ <small>First Name</small> _____ <small>Middle Name</small> _____ <small>Last Name</small> Alleged Incapacitated Person/Respondent on Petition filed _____	_____ Division	

The court shall encourage the development of maximum self-reliance and independence of the Incapacitated Person and make appointive and other orders only to the extent necessitated by the Incapacitated Person's limitations or other conditions warranting the guardianship.

Now comes the moving party _____ First Name _____ M.I. _____ Last Name

who states as follows:

1. An emergency exists requiring the appointment of a Temporary Guardian as any delay in the appointment will cause immediate and substantial harm to the health, safety or welfare of the Respondent, and no other person has authority to act in the circumstances.
2. The nature of the circumstances requiring the appointment of a Temporary Guardian are:
3. The particular harm sought to be avoided is:
4. The actions which need to be taken by a Temporary Guardian to avoid the harm are:
5. **Respondent:**
 Does (See Petition) does not have a Health Care Agent in the Commonwealth or elsewhere or Uncertain.
A copy of the Health Care Proxy is attached already filed with the Court unavailable.

The within Motion hereby is <input type="checkbox"/> ALLOWED (see Order Appointing Temporary Guardian). <input type="checkbox"/> DENIED. Date _____ <div style="text-align: right;"> _____ JUSTICE OF THE PROBATE AND FAMILY COURT </div>
