

<b>VERIFIED MOTION FOR APPOINTMENT OF TEMPORARY GUARDIAN FOR A MINOR G.L. c.190B, §5-204</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;"> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>First Name</span> <span>Middle Name</span> <span>Last Name</span> </div>			<div style="text-align: right;">_____ <b>Division</b></div>	
<b>Minor</b>  on Petition filed _____				

Now comes the moving party \_\_\_\_\_  

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

First Name
Middle Initial
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 Minor, 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:

**WHEREFORE, PETITIONER REQUESTS THAT THIS HONORABLE COURT:**

1. Appoint  

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

First Name
Middle Name
Last Name

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

First Name
Middle Name
Last Name

as Temporary Guardian(s) of the Minor to serve ☐ with ☐ without sureties for the following reasons:

☐ the minor has no estate

☐ other: \_\_\_\_\_

2. ☐ The moving party further seeks specific court authorization:

3. ☐ In addition, I request that the Court:

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**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 moving party

Attorney for moving party:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Apt, Unit, No. etc.)

\_\_\_\_\_  
(City/Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

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

BBO No.: \_\_\_\_\_