

PETITION FOR REMOVAL OF GUARDIAN OF MINOR PURSUANT TO G.L. c. 190B, §5-212			Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
In the Interests of: _____ First Name Middle Name Last Name Minor			_____ Division	

1. Petitioner(s),

First Name	M.I.	Last Name		
Current address				
(Address)	(Apt. Unit, No. etc.)	(City/Town)	(State)	(Zip)
Primary Phone #:				

First Name	M.I.	Last Name		
Current address				
(Address)	(Apt, Unit, No. etc.)	(City/Town)	(State)	(Zip)
Primary Phone #:				

☐ is/are the Parent(s) ☐ mother ☐ father ☐ both.

☐ is the Minor (if 14 or more years of age).

☐ is a person interested in the welfare of the Minor. (State nature of interest)

2. Guardian(s),

First Name M.I. Last Name

Current address (Address) (Apt. Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #:

was appointed on (date)

First Name _____ M.I. _____ Last Name _____
 Current address _____
 _____ (Address) _____ (Apt. Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip)
 Primary Phone #: _____
 was appointed on _____
 _____ (date)

3. Petitioner(s) requests that the court remove the guardian/co-guardians for the following reasons:

☐ The biological parent(s) can resume parental responsibilities. (Explain circumstances)

Address of parent(s) resuming responsibility

First Name M.I. Last Name

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: _____

First Name M.I. Last Name

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: _____

☐ The Minor was adopted.

☐ Other: (Attach additional sheets or documents, if necessary)

4. Petitioner requests that

First Name M.I. Last Name

First Name M.I. Last Name

be appointed as successor Guardian(s) (Petitioner is not required to nominate a successor).

5. Petitioner requests a hearing be scheduled on this matter.

The Minor (if 14 years of age or older), guardian, and the parents of the minor, provided that the parental rights have not been terminated or a voluntary surrender has not been signed, are required by law to be given notice of the time and place of hearing on this Petition.

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 Petitioner

Date _____

Signature of Co-Petitioner (if applicable)

Attorney for Petitioner

Print Name

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____

BBO No.: _____