the Interests of: First Name Middle Nar				Divisio
First Name Middle Nar				DIVISIO
	ne Last Na	ame		
inor				
Information about the Minor:				
First Name	- M.I.	Last Name	Current age	Date of Birth
(Address)	(Apt, Unit, No.	etc.) (City/Tow	n) (State)	(Zip)
County of Residence:			,	
The Petitioner is:	. Also consider the first section of the section of	the second secon	- Mi	
a person or persons interested in	the welfare of the M	inor. or the	e Minor	
Information about the Petitioner(s)	:			
Name: First Name				
First Name		M.I.	Last	Name
(Address)	(Apt, Unit	, No. etc.)	City/Town) (S	State) (Zip)
Primary Phone #:				
First Name		M.I.	Last	Name
(Address)	(Apt, Unit	, No. etc.)	City/Town) (S	State) (Zip)
Primary Phone #:			inor:	
Information about the Biological M Mother's/Parent One Name	other/parent one ar	nd Father/parent two Last Name		Deceased
(Address)	(Apt, Unit, No. et	tc.) (City/Tow	vn) (State)	(Zip)
Father's/Parent Two Name	M.I	Last Name	[Deceased
(Address)	(Apt, Unit, No. et	tc.) (City/Tow	wn) (State)	(Zip)
,		,	,	_
Is there a nomination of a guardian	by will or other wr	iting signed by a par	rent or guardian?	Yes No
If Yes , attach copy of document.				

7. The best interests of the Minor will be served by appointment of a guardian for the Minor.

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parent(s) cons	sent to the appointme	nt of a guardian.	Attach Not	arized Consent of	Parent(s).	
all parental rig	hts have been termir	nated by				
prior court	t order. Attach a cop	y of the court or	der to this F	Petition.		
a signed v	oluntary surrender.	Attach a copy of	the surrenc	ler to this Petition.		
death. If a	vailable, attach a co l	py of the death o	certificate to	this Petition.		
☐ Parent or pare	ents are unavailable to	o exercise their p	arental rights	because: (Briefly e	xplain)	
☐ Parent or pare	ents are unfit to exerci	ise their parental	riahts becau	se: (Briefly explain)		
					noonogitated ==	d the guerdier
	has previously been nted a successor gua	_	-		-	_
charges pending have charges p	uesting to be appoint g for assault resulting ending for neglect of t ureties required on the	in bodily injury to the minor. e bond be waived	o the minor.	Petitioner is not bei		
·	sting the following per-	son be appointed	i as Guardiai			
Name:	First Name		M.I.		Last Name	
D: "	(Address)	(Apt, Unit, N		(City/Town)	(State)	(Zip)
Primary Phone #:			Relationsh	· ———		
	riority for appointment					sed Guardian
	by the Minor and the	Minor is 14 years	or age or on	uer. Attach Nomin	ation of Minor.	
Name:	First Name		M.I.		Last Name	
	(Address)	(Apt, Unit, N	o etc.)	(City/Town)	(State)	(Zip)
Primary Phone #:	(**************************************	(, pt, om, r	Relationsh		(23332)	(/
-	iority for appointment	t as guardian pur	-		cause the propos	sed Guardian
_	by the Minor and the			_		
		, , ,	3			
12. Who, other than y	ou, had primary car	e and custody o	f the Minor	during the 60 days	prior to filing th	nis Petition?
(G.L. c. 190B, §5-2	06):	Person list	ed below			

8. The minor is unmarried and

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Capt, Unit, No. etc. City/Town Citate City	Name:	First Name	M.I.		L a a t N la ma a	
Primary Phone #:		First Name	IVI.I.		Last Name	
Dates of care		(Address)	, ,			
Name:	Primary Phone #:		Relationsh	ip to Minor:		
First Name M.I. Last Name (Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip) Primary Phone #: Relationship to Minor: Dates of care If mother and father are deceased, list brothers and sisters or adult relatives, for example aunt, uncle, grand who can be found: Name: First Name M.I. Last Name (Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip) Primary Phone #: Relationship to Minor: Name: First Name M.I. Last Name (Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip) Primary Phone #: Relationship to Minor: Is any person currently acting as a Guardian or Conservator for the Minor in Massachusetts or elsewhere? Yes No If Yes, identify: Name: First Name M.I. Last Name (Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)	Dates of care					
Caddress Capt, Unit, No. etc. City/Town Citate Czip	Name:	First Name			Last Name	
Primary Phone #:		First Name	IVI.I.		Last Name	
Dates of care If mother and father are deceased, list brothers and sisters or adult relatives, for example aunt, uncle, grand who can be found: Name: First Name M.I. Last Name (Address) Relationship to Minor: Name: First Name M.I. Last Name (Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip) Primary Phone #: Relationship to Minor: Is any person currently acting as a Guardian or Conservator for the Minor in Massachusetts or elsewhere? Yes No If Yes, identify: Name: First Name M.I. Last Name Address) M.I. Last Name City/Town) City/Town) City/Town) City/Town		(Address)	(Apt, Unit, No. etc.)	(City/Town)	(State)	(Zip)
If mother and father are deceased, list brothers and sisters or adult relatives, for example aunt, uncle, grand who can be found: Name: First Name	Primary Phone #:		Relationsh	ip to Minor:		
who can be found: Name: First Name M.I. Last Name (Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip) Primary Phone #: Relationship to Minor: (Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip) Primary Phone #: Relationship to Minor: Is any person currently acting as a Guardian or Conservator for the Minor in Massachusetts or elsewhere? Yes No If Yes, identify: Name: First Name M.I. Last Name (Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)	Dates of care					
Primary Phone #: Relationship to Minor:	who can be found	d:		ılt relatives, for e	•	le, grandpa
Primary Phone #: Relationship to Minor:		(Addross)	(Apt Upit No. etc.)	(City/Town)	(State)	(7in)
Name: First Name M.I. Last Name	Primary Phone #		, ,			
First Name (Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip) Primary Phone #: Relationship to Minor: Is any person currently acting as a Guardian or Conservator for the Minor in Massachusetts or elsewhere? Yes No If Yes, identify: Name: First Name M.I. Last Name (Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)	Trimary Triono ".	-	relationer			
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip) Primary Phone #: Relationship to Minor: Is any person currently acting as a Guardian or Conservator for the Minor in Massachusetts or elsewhere? Yes No If Yes, identify: Name: First Name M.I Last Name (Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)	Name:	First Name			Last Nama	
Primary Phone #: Relationship to Minor:		i list ivallie	IVI.I.		Last Name	
. Is any person currently acting as a Guardian or Conservator for the Minor in Massachusetts or elsewhere? Yes No If Yes, identify: Name: First Name M.I Last Name (Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)		(Address)	(Apt, Unit, No. etc.)	(City/Town)	(State)	(Zip)
Yes No If Yes, identify: Name: First Name M.I. Last Name (Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)	Primary Phone #:		Relationsh	ip to Minor:		
Yes No If Yes, identify: Name: First Name M.I. Last Name (Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)	. Is any person cur	rently acting as a Gu	ardian or Conservator for th	ne Minor in Mass	sachusetts or else	where?
First Name M.I. Last Name (Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)		-				
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)	Name:					
(4)		First Name	M.I.		Last Name	
Primary Phone #: Relationship to Minor:		(Address)	(Apt, Unit, No. etc.)	(City/Town)	(State)	(Zip)
	Primary Phone #:		Relationsh	ip to Minor:		
If a conservatorship case exists or you are also filing a Petition for Appointment of Conservator, do not complete section 15. Please note that a guardianship case does not provide authority over substantial funds. 5. Does the Minor have any assets, e.g. bank accounts, property, and anticipated income, e.g. Social Security, interest Yes No If Yes, identify: Do not list bank account numbers or Social Security numbers.	If a conservatorship 15. Please note that 5. Does the Minor hav	t a guardianship case o	also filing a Petition for Appoi does not provide authority ove nk accounts, property, and ant	ntment of Conser er substantial fund ticipated income,	ds. e.g. Social Security	v, interest?
Estimated Value of Prop		· · · · · · · · · · · · · · · · · · ·				
Description of Assets, e.g. Bank Accounts, Property or Amount of Income	Des	cription of Assets, e.ç	g. Bank Accounts, Property			
Total						

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The Petitioner shall provide notice to the parents, Minor if 14 years of age or older, and persons listed in paragraphs 11-13 of the time and place for a hearing on this Petition in accordance with Probate and Family Court Standing Order 4-09. Notice requirements may be different if an emergency guardianship is sought.

The Petitioner/Co-Petitioners is/are interested in the welfare and best interests of the Minor and request/s that an appointment of a guardian be made after notice and hearing.

In addition, I/We request that the Court:

SIGNED UNDER THI	E PENALTIES OF PERJURY
I affirm or swear under oath that I have read the foregoing to the best of my knowledge.	petition and that the statements set forth therein are true and correct
Date	Signature of Petitioner
Date	Signature of Co-Petitioner (if applicable)
Attorney for Petitioner	Print Name
	(Address) (Apt, Unit, No. etc.)

(State)

Primary Phone #: _____

(City/Town)

BBO No.: ____

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