

| | | |
|---|---|--|
| DECREE AND ORDER OF APPOINTMENT OF GUARDIAN FOR AN INCAPACITATED PERSON | Docket No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Commonwealth of Massachusetts The Trial Court Probate and Family Court |
| In the Interests of: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> First Name Middle Name Last Name </div> Incapacitated Person | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="text-align: right; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">▼</div> Division </div> | |

After hearing on the Petition for Appointment of Guardianship filed on (date)

The Court finds:

1. The requirements of G. L. c. 190B, § 5-306 (b) (1)-(8) have been met and a basis exists for the guardianship. The nature and extent of the incapacity is detailed in the Medical Certificate(s) on file with the Court.

2. ☐ A hearing was held relative to the authority to consent to treatment for which a substituted judgment determination is required. *See Separate Findings.* The Incapacitated Person ☐ was ☐ was not present. The Court finds that there exist extraordinary circumstances requiring the absence of the Incapacitated Person, that counsel for the Incapacitated Person was present, and that after careful inquiry and upon representations of counsel there are no contested issues of fact. Oral testimony was not required because sufficient documentary evidence was presented or for the following reasons:

The Court appoints the following person(s) as Guardian(s) (hereafter "Guardian"):

1. Name:

First Name
M.I.
Last Name

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

Primary Phone #:

2. Name:

First Name
M.I.
Last Name

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

Primary Phone #:

click to add

click to remove

- ☐ The powers and duties of the Guardian are limited to the following:

- ☐ The powers and duties of the Guardian include all powers authorized to a guardian for an incapacitated person under G. L. c. 190B, Article V, Part III exclusive of those powers requiring specific court authorization including authorization to apply for health insurance benefits including MassHealth on behalf of the Incapacitated Person and authorization to obtain copies of statement or any other records from banks, insurance companies or other financial institutions verifying balances and transaction for accounts standing in the name of the Incapacitated Person individually or jointly with another. These powers ☐ are not limited ☐ are limited as set forth herein and details those powers retained by the Incapacitated Person.

In the Interests of:

First Name

Middle Name

Last Name

Docket No.

The powers and duties of the Guardian shall further include:

1. ☐ Authorization to admit the Incapacitated Person to a nursing facility. The Court finds that such admission is in the Incapacitated Person's best interest.
2. ☐ Authorization to revoke the Health Care Proxy of the Incapacitated Person.
3. ☐ Authorization to apply for health insurance benefits including MassHealth on behalf of the Incapacitated Person.
4. ☐ Authorization to obtain copies of statements or any other records from banks, insurance companies or other financial institutions verifying balances and transactions for accounts standing in the name of the Incapacitated Person, individually or jointly with another.
5. ☐ **After making a substituted judgment determination, the Court authorizes treatment of the Incapacitated Person:**
 - ☐ with antipsychotic medication in accordance with a treatment plan dated [REDACTED] which is incorporated herein by reference and which shall be reviewed on or before [REDACTED] and, if not sooner extended, shall expire on [REDACTED]. The appointment of Counsel for the Incapacitated Person is extended for the limited purpose of representing the Incapacitated Person's interests in any proceeding to renew and/or amend the treatment plan.
 - ☐ for the following treatment or action:
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

The Court orders the following:

1. The Guardian shall file with the Court the Initial Guardian's Care Plan/Report within 60 days from this appointment unless previously filed.
2. The Guardian shall file with the Court the Annual Guardian's Care Plan/Report one year from the date of this appointment unless otherwise ordered by the Court, and annually thereafter for the duration of the guardianship and when otherwise ordered by the Court.

Forms are available at the Court's Registry office or online at the Court's Web site.

3. The Guardian(s) shall serve:

- ☐ without a surety on his, her or their bond because:
 - ☐ it is in the best interest of the Incapacitated Person as there are minimal assets under management by the Guardian or because:
[REDACTED]
[REDACTED]
[REDACTED]
 - ☐ language in a Durable Power of Attorney or Health Care Proxy waives the Guardian's bond or requests a waiver of any necessity of sureties on a bond.
- ☐ with personal or corporate surety on his, her or their bond in the amount of [REDACTED] pursuant to G. L. c. 190B § 5-410.

**NO LETTERS OF GUARDIANSHIP FOR AN INCAPACITATED PERSON
SHALL ISSUE UNTIL THE BOND IS FILED AND APPROVED.**

| | |
|--|------------|
| In the Interests of: _____ First Name Middle Name Last Name | Docket No. |
|--|------------|

4. The appointment of counsel in this matter, if any, shall terminate upon the entry of this Decree unless otherwise ordered by this Court herein or hereafter.

5. The Court grants the following additional powers:

| |
|--|
| |
| |
| |

6. ☐ The parties shall comply with a stipulation or agreement of the parties dated _____ which is filed with the Court and expressly made a part of this Decree.

7. The Court further orders:

| |
|--|
| |
| |
| |

Date _____

JUDGE OF THE PROBATE AND FAMILY COURT

☐ This appointment has been:

- ☐ SUSPENDED as a Special Guardian has been appointed this date (see separate Order). The authority of the Guardian is suspended during the time the Special Guardian is appointed.
- ☐ TERMINATED (See separate Order).
- ☐ MODIFIED (See separate Order).

Date _____

JUDGE OF THE PROBATE AND FAMILY COURT

☐ This appointment has been:

- ☐ REINSTATED as of the date of this Order.
- ☐ TERMINATED (See separate Order).
- ☐ MODIFIED (See separate Order).

Date _____

JUDGE OF THE PROBATE AND FAMILY COURT

SEE NEXT PAGE FOR LIMITATIONS TO GUARDIANSHIP, IF ANY.

LIMITATIONS TO GUARDIANSHIP

| | | |
|--|--|------------------|
| In the Interests of: _____ Incapacitated Person | First Name _____ Middle Name _____ Last Name _____ | Docket No. _____ |
|--|--|------------------|

The Incapacitated Person shall retain the following rights or responsibilities:

Self Care

- ☐ To be responsible for bathing, dressing, toileting, and dental care (with assistance, as needed).
- ☐ To choose and determine daily meals.

Medical Decision Making and Management

- ☐ To make and communicate routine health care decisions.
- ☐ To choose a health or longterm care facility.
- ☐ To choose and direct home health care providers.
- ☐ To manage medications (with assistance, as needed).

Home and Community Life

- ☐ To choose to reside/live at home with appropriate accommodations, as needed.
- ☐ To be responsible for maintaining and cleaning the home (with assistance, as needed).
- ☐ To be left alone (with time limit).
- ☐ To drive with a valid driver's license.
- ☐ To use public transportation independently.
- ☐ To make choices about roommates.
- ☐ To select and plan daily and leisure activities.
- ☐ To vote, and to register for the same.
- ☐ To smoke at times and places of the Incapacitated Person's choosing, within the law.
- ☐ To seek and obtain employment.
- ☐ To travel.
- ☐ To determine with whom to have friendships and visitation.
- ☐ To determine participation in religious activities.
- ☐ To use the telephone, computer or e-mail privately without supervision.
- ☐ _____

Date _____

JUDGE OF THE PROBATE AND FAMILY COURT

Reset Form