

<p align="center"><b>MOTION TO</b></p> <p><input type="checkbox"/> <b>EXTEND      AND / OR      <input type="checkbox"/> AMEND</b></p> <p align="center"><b>TREATMENT ORDER</b></p>			<p>Docket No.</p>	<p align="center"><b>Commonwealth of Massachusetts</b>  <b>The Trial Court</b>  <b>Probate and Family Court</b></p>
<p><b>In the Interests of:</b></p> <p>_____</p> <p align="center">First Name      Middle Name      Last Name</p>			<p align="right">_____ <b>Division</b></p>	
<p><b>Respondent</b></p>				

NOW COMES the moving party who moves that this Court ☐ extend and / or ☐ amend the Substituted Judgment Treatment Plan previously authorized by the Court.

This Court approved the previous Treatment Plan on \_\_\_\_\_ (Date).

The previous Treatment Plan expired on \_\_\_\_\_ (Date) .

IN SUPPORT of the request for extension, the moving party states that the Respondent remains unable to render informed consent to treatment with antipsychotic medications, and that it would be the Respondent's judgment to accept same, as described in the Affidavit and Treatment Plan attached.

Respectfully Submitted,

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Moving Party

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

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

\_\_\_\_\_  
(City/Town) (State) (Zip)

Primary Phone #:

Date: \_\_\_\_\_

\_\_\_\_\_  
(Print name of Attorney for Moving Party)

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

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

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

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

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

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

B.B.O. # \_\_\_\_\_

The within Motion is hereby ☐ ALLOWED. ☐ DENIED.

Date \_\_\_\_\_

☐ JUSTICE ☐ JUDICIAL DESIGNEE