**Adult Guardianship Petition: Next Steps**

Thank you for using the Interview Assistant to help you begin the process of completing the “Petition for Appointment of a Guardian for an Incapacitated Person!”

*Please note that completing the interview does not give you any legal rights and is not intended as a substitute for legal advice. You should contact an attorney to obtain legal advice with respect to any particular issue or concern. The goal of this interview is to assist the user in starting the process of an adult guardianship petition and is for informational purposes only. Use of and access to this interview assistant or any links contained within do not create an attorney-client relationship.*

Now that you’ve completed the interview, here are our recommended next steps:

1. Review the petition below and fill out all personal information on the Petitioner (the person submitting the petition), the proposed guardian, and the Respondent on the first page of the petition. If you have a co-guardian or co-petitioner, you will need to add an additional page to the petition with their address, contact information, and relationship to the Respondent.
2. On pages 3 and 4 of the petition, it asks you to fill out information about any interested parties, such as the Respondent’s spouse, siblings, parents, previous guardian(s), etc. Fill out their information on the form and mark their relationship to the Respondent with an X. These are the people you will have to notify of this guardianship petition.
3. Review the entire petition, double check that there are no areas that require your attention and that all the appropriate boxes are marked with an X. Print out the petition. Note that this first page should not be attached with the petition.
4. Check what other documents need to be submitted with this petition:
   1. [Medical Certificate](https://www.mass.gov/files/documents/2016/08/xn/mpc400-medical-certificate-guardianship-or-conservatorship-fillable-2010.pdf) OR [Clinical Team Report](https://www.mass.gov/files/documents/2016/08/nc/mpc402-clinical-team-report-fill.pdf)
   2. Guardian's Signed [Bond](https://www.mass.gov/files/documents/2016/08/ny/mpc801-combined-bond-fill.pdf)(s)
      1. A guardian must sign a “bond.” A bond is a consent to jurisdiction of the court where you are filing the petition as well as a promise that the guardian will use any of the Respondent's money in his or her best interest. Each guardian must sign their own bond, meaning if there are two guardians there needs to be two bonds submitted to the court.
   3. [Military Affidavit](https://www.mass.gov/files/documents/2017/10/bae/TC002%2520Uniform%2520Military%2520Affidavit.pdf)
   4. [Verified Motion for Temporary Guardianship](https://www.mass.gov/files/documents/2016/08/xa/mpc320-verified-motion-for-appt-temp-guardian-for-incapacitated-person-fill.pdf) (if applicable)
   5. Any Other Documents Related to the Respondent - Health Care Proxy, Durable Power of Attorney, Guardian, Conservator, or Representative Payee (if applicable)
5. Check the costs of filing an adult guardianship petition. Although the court does not charge to file a guardianship petition, it does cost $20 for the paper you will need to notify people and it costs about $150 if you need to notify people through the newspaper or other publication. It costs another $20 for a certified copy of the guardianship papers. If you cannot afford these costs, you may qualify to have part or all of these costs waived (i.e. you would not have to pay). To determine if you qualify to have these costs waived, click [here](https://suffolk-lasm.github.io/Fall-2016-Course-Site/students/harrisonlebov.html). If you have determined that you do qualify to have these costs waived, you will need to submit a form called an "Affidavit of Indigency," which can be found [here](https://www.mass.gov/files/documents/2017/09/01/affidavitofindigency.pdf).
6. If you checked off any of the areas in paragraph 14 (on page 6) that require specific court authorization, you will also need to look into a Rogers Guardianship. For more information, click [here](https://www.mass.gov/files/documents/2016/08/wx/rogers-guardianship-booklet.pdf).
7. For some general information on Guardianships and Conservatorships, click [here](https://www.mass.gov/files/documents/2016/08/ug/mpc190-general-information.pdf).
8. If you need help finding an attorney that specializes in this area, visit the Massachusetts Guardianship Association [website](http://www.massguardianshipassociation.org/) or [mass.gov](https://www.mass.gov/info-details/finding-a-lawyer).

First Name

English

Primary Language:

Date of Birth:

(Address)

is

The Court shall encourage the development of maximum self-reliance and independence of the Incapacitated Person and make appointive and other orders only to the extent necessitated by the Incapacitated Person's limitations or other conditions warranting the procedure.

1. **Information about the Respondent:**

Name:

M.I.

Last Name

Other:

Primary Phone #:

Gender:

Age:

Principal Residence:

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Date Residence was established:

the following address:

(Address)

(City/Town)

(State)

(Zip)

(Apt, Unit, No. etc.)

the following address:

(City/Town)

(State)

(Zip)

(Apt, Unit, No. etc.)

is not alleged intellectually disabled.

2. **Information about the Petitioner:**

Name:

First Name

M.I.

Last Name

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #:

Relationship to Respondent:

State your interest in the appointment:

3. **The Petitioner is requesting:**

Name:

First Name

M.I.

Last Name

(Address)

(City/Town)

(State)

(Zip)

(Apt, Unit, No. etc.)

Relationship to Respondent:

Primary Phone #:

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**PETITION FOR APPOINTMENT OF GUARDIAN FOR AN INCAPACITATED PERSON**

Docket No.

**Commonwealth of Massachusetts The Trial Court**

**Probate and Family Court**

**In the Interests of:**

**Division**

First Name Middle Name Last Name

**Alleged Incapacitated Person/Respondent**

«Interest»

**An attachment to this petition provides information on co-Guardian(s).**

that the person named below be appointed:

that some suitable person be appointed

to be appointed

**An attachment to this petition provides information on co-petitioner(s).**

«MC»

«IDisability»

Respondent

Current Address

Principal Residence

If this appointment is made, Respondent will reside at

Same as Above or

Current Address:

«GPOA»

4.

**He or she has priority of appointment because the nominee is (choose one):**

5.

**This is a Petition for appointment of a (choose one):**

State the powers being sought:

OR

State the reasons why a Limited Guardianship is inappropriate:

6.

**A Medical Certificate dated with an examination having taken place within 30 days of the filing of the petition or, if Respondent is alleged to be intellectually disabled, a Clinical Team Report dated with an examination having taken place within 180 days of the filing of the petition:**

) ; OR

If a Medical Certificate or Clinical Team Report is not filed with this Petition, or on file with this Court, you must immediately file and present a motion requesting that the Court permit it to be filed late or waive the filing requirement. An affidavit must accompany the motion explaining why it is impossible to file a Medical Certificate or Clinical Team Report with this Petition.

7.

**The reason a guardianship is necessary is detailed in the most recent Medical Certificate or Clinical Team Report filed with this petition or is described as follows:**

8.

**The nature and extent of Respondent's alleged incapacity is detailed in the Medical Certificate or Clinical Team Report filed with this petition or is described as follows:**

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«TRNature» «CertNature»

«TRWhy» «CertWhy»

«LGInappropriate»

«PGA»

Nominated in a durable power of attorney by Respondent;

Respondent's spouse or a spousal nominee;

State the reason the proposed guardian(s) should be appointed:

is filed with this Petition or is on file with the Court (Docket No.

is not filed with this Petition and is not on file with this Court.

General Guardian.

«GG»

«M\_5records»

«M\_5insurance»

to apply for health insurance benefits including MassHealth on behalf of Respondent;

to obtain copies of statements or any other records from banks, insurance companies, or other financial

institutions verifying balances and transactions of accounts standing in the name of the Incapacitated Person,

individually or jointly with another.

Other:

Limited Guardian.

«Limited»

«M\_4na»

«Parent»

Respondent's parent or a parental nominee; OR

None of the above.

«Spouse»

Spouse Representative Payee

Child Health Care Proxy

Guardian Durable Power Holder Nominated Guardian Had care & custody in the last Conservator 60 days.

Relative:

(relationship)

**9.**

**List Respondent's:**

A.

B.

C.

D.

E.

Spouse, if any.

Children, if any. If none, list parents and brothers and sisters or, if none, list heirs apparent or presumptive. Current Guardian in the Commonwealth or elsewhere;

Nominated Guardian in the Commonwealth or elsewhere;

Current Conservator in the Commonwealth or elsewhere;

F.

G.

H.

I.

Health Care Agent;

Durable Power of Attorney/Agent; Representative Payee; and/or Caretaker in the last 60 days.

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**Name**

**Primary Address**

**Primary Phone**

**Relationship (Check all that apply)**

**Indicate if this person is:**

Minor Incompetent

Spouse Representative Payee

Child Health Care Proxy

Guardian Durable Power Holder Nominated Guardian Had care & custody in the last Conservator 60 days.

Relative:

(relationship)

Minor Incompetent

Spouse Representative Payee

Child Health Care Proxy

Guardian Durable Power Holder Nominated Guardian Had care & custody in the last Conservator 60 days.

Relative:

(relationship)

Minor Incompetent

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**Name**

**Primary Address**

**Primary Phone**

**Relationship (Check all that apply)**

**Indicate if this person is:**

Spouse Representative Payee

Child Health Care Proxy

Guardian Durable Power Holder Nominated Guardian Had care & custody in the last Conservator 60 days.

Relative:

(relationship)

Minor Incompetent

Spouse Representative Payee

Child Health Care Proxy

Guardian Durable Power Holder Nominated Guardian Had care & custody in the last Conservator 60 days.

Relative:

(relationship)

Minor Incompetent

Spouse Representative Payee

Child Health Care Proxy

Guardian Durable Power Holder Nominated Guardian Had care & custody in the last Conservator 60 days.

Relative:

(relationship)

Minor Incompetent

Spouse Representative Payee

Child Health Care Proxy

Guardian Durable Power Holder Nominated Guardian Had care & custody in the last Conservator 60 days.

Relative:

(relationship)

Minor Incompetent

«HCP»

«HCPNo»

«RPYes»

«RPNo»

«CAGuardian»

«CAGuardian»

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**10. Does the Respondent have, in the Commonwealth or elsewhere:**

**If yes, a copy of the document is:**

**Information/Explanation:**

**(If a Petition has been filed but not allowed, please list Court and Docket Number of pending case)**

A current Guardian?

Yes and the person's information is listed at Q.9 No

Uncertain

Attached Unavailable

A document nominating a Guardian?

Yes and the person's information is listed at Q.9 No

Uncertain

Attached Unavailable

A current Conservator?

Yes and the person's information is listed at Q.9 No

Uncertain

Attached Unavailable

A Representative Payee?

Yes and the person's information is listed at Q.9 No

Uncertain

Attached Unavailable

A Health Care Agent?

Yes and the person's information is listed at Q.9 No

Uncertain

Attached Unavailable

A Durable Power of Attorney/Agent?

Yes and the person's information is listed at Q.9 No

Uncertain

Attached Unavailable

«SJDList»

«GG»

«Limited»

«RHCP»

«SJD»

«Meds»

«Nursing»

«CourtAuth»

An attachment to this Petition provides additional information.

«I3»

«ICheck»

«A3»

An attachment to this petition provides additional information.

13. Does Respondent have any anticipated income?

«Assets»

«VABenefitsAssets»

11. Respondent

is

is not

entitled to benefits from the Department of Veterans Affairs or

Uncertain.

12. Does Respondent have any assets, e.g. bank accounts, property?

Yes

No

Uncertain. **If Yes, identify:**

Yes

No

Uncertain. **If Yes, identify:**

14.

**Petitioner seeks specific Court authorization:**

to admit Respondent to a nursing facility;

to treat Respondent with antipsychotic medication in accordance with a treatment plan;

for the following treatment or action for which a substituted judgment determination may be required:

to revoke the Health Care Proxy of Respondent.

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

Appoint

Petitioner

First Name

M.I.

Last Name

Some suitable person

as

limited guardian(s)

general guardian(s)

of Respondent, with any specific authorization as may be requested in

paragraph 14 above.

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**Description of Income, e.g. Social Security, Interest**

**DO NOT INCLUDE NAMES OF INSTITUTIONS OR ACCOUNT NUMBERS**

**Amount of Anticipated Monthly Income or Receipts**

«Income»

«IM»

«I2»

«IM2»

**Total**

**Description of Assets, e.g. Bank Accounts, Property, Insurance, Pensions DO NOT INCLUDE NAMES OF INSTITUTIONS OR ACCOUNT NUMBERS**

**Estimated Value of Property**

«Desc»

«Value»

«D2»

«V2»

**Total**

Attorney for Petitioner

Other:

The Respondent has minimal funds to be managed and requiring sureties would place a financial burden on the Respondent.

A Conservator is appointed or is being requested.

Petitioner requests the Court waive sureties on the Bond for the following reasons:

In addition, Petitioner requests that the Court:

**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)

I assent to the foregoing Petition:

Print Name

Signature

Date Date Date

Date

(Print name)

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone:

B.B.O. #

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