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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«CTRNature»«MCNature»

«CTRWhy»«MCWhy»

«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»

«Rpayee»

«RPayeeN»

«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»

«RHCP»

«SJD»

«Meds»

«Nursing»

«CourtAuth»

An attachment to this Petition provides additional information.

«I3»

«AIncome»

«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**

«I1»

«IM1»

«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**

«D1»

«V1»

«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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