PETITION FOR APPOINTMEN GUARDIAN FOR AN INCAPACITATED PERSON		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			
The Court shall encourage the development of make appointive and other orders only to the exwarranting the procedure.			
. Information about the Respondent:			
lame:	M.I.	Last Name	Age:
Primary Language: D English D Other:		Primary Phone #:	
Principal Residence: (Address)	(Apt, Unit, No. etc.)	(City/Town)	(State) (Zip)
Date Residence was established:	(, p), em, no. etc.y	(0.9, 10)	
(Address) (Apt, Unit,	No. etc.) (City/T	own) (State)	(Zip)
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of

MPC 120 (5/30/11)

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

- Nominated in a durable power of attorney by Respondent;
- Respondent's spouse or a spousal nominee;

Respondent's parent or a parental nominee; OR

None of the above.

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

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

Limited Guardian. State the powers being sought:

- 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:

OR

General Guardian. 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:

is filed with this Petition or is on file with the Court (Docket No. ______); OR

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

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 <u>impossible</u> 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:

9. List Respondent's:

- A. Spouse and Children. If none, list parents and brothers and sisters or, if none, list heirs apparent or presumptive.
- B. Current Guardian in the Commonwealth or elsewhere;
- C. Nominated Guardian in the Commonwealth or elsewhere;
- D. Current Conservator in the Commonwealth or elsewhere;

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

Name	Primary Address	Primary Phone	Relationship (Check all that apply)	Indicate if this person is:
			Spouse Representative Payee	Minor
			Child Health Care Proxy	Incompetent
			Guardian Durable Power Holder	
			Nominated Guardian Had care & custody in the last	
			Conservator 60 days.	
			Relative:	
			Spouse Representative Payee	Minor
			Child Health Care Proxy	Incompetent
			Guardian Durable Power Holder	
			Nominated Guardian Had care & custody in the last	
			Conservator 60 days.	
			Relative:	
			Spouse Representative Payee	Minor
			Child Health Care Proxy	Incompetent
			Guardian Durable Power Holder	
			Nominated Guardian Had care & custody in the last	
			Conservator 60 days.	
			Relative:	

E. Health Care Agent;

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 	

11. Respondent

is not entitled to benefits from the Department of Veterans Affairs or Uncertain.

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

is is

Yes No Uncertain. If Yes, identify:

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

An attachment to this petition provides additional information.

13. Does Respondent have any anticipated income? Yes No	D Uncertain. If Yes, identify
Description of Income, e.g. Social Security, Interest DO NOT INCLUDE NAMES OF INSTITUTIONS OR ACCOUNT NUMBERS	Amount of Anticipated Monthly Income or Receipts
Total	

An attachment to this Petition provides additional information.

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	e person		
as Ilimited guardian(s) paragraph 14 above.	general guardian(s)	of Respondent, with a	ny specific authorization as may be requested in

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

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.

		:
Signature of Petitioner		
		:
Signature of Co-petitioner (if applicable)		
		ssent to the foregoing Petition:
Signature	Print Name	
	Print Name	ssent to the foregoing Petition:

Attorney for Petitioner

	()	Print name)		
	(Address)		(Apt	, Unit, No. etc.)
	(City/Town)		(State)	(Zip)
Primary Phone:				
B.B.O. #				