

**Instructions for Completing
NOTICE OF INTENT TO ADMIT
TO A NURSING FACILITY
FOR SHORT TERM SERVICES (MPC 829)**

Form Use:

This form may be used **ONLY** to authorize a court appointed guardian to admit an incapacitated person to a nursing facility for a period of sixty (60) days or less, without prior court approval, if the incapacitated person and persons interested in the welfare of the incapacitated person do not object to such short term admission. If the admission is anticipated to be more than 60 days or will not occur within seven (7) days of filing this form, then court approval must be sought.

Who May Use this Form:

Only a Massachusetts court appointed guardian, temporary or permanent, may use this form.

Appointment of Counsel:

The incapacitated person must be represented by counsel. If the incapacitated person is not already represented by counsel, the court shall appoint counsel **forthwith** upon the filing of this notice with the Court. The incapacitated person may be admitted to the nursing facility upon the filing of this notice with the Court, and pending appointment of counsel.

Recommendation for Admission:

A licensed physician, licensed psychologist, certified psychiatric nurse clinical specialist or nurse practitioner must recommend admission to the nursing facility by providing his/her endorsement on the form. A medical certificate is not required.

Required Notice:

On or before the date of admission, the guardian shall serve a signed copy of the Notice of Intent to Admit to a Nursing Facility for Short Term Services (MPC 829) form in-hand on the incapacitated person, and provide a signed copy to the nursing facility either in-hand, by facsimile or by email. If counsel has already been appointed to represent the incapacitated person, the guardian shall also provide a signed copy of the completed form, on or before the date of admission, to counsel either in-hand or by facsimile. If the incapacitated person is not yet represented by counsel, the guardian shall provide a signed copy of this form to counsel upon his/her appointment in the same manner. Proof of service is not required to be filed with the Court, but may be requested at any time. See Rule 3 of the Supplemental Rules of the Probate and Family Court for a guardian's duty to provide notice to counsel for the incapacitated person.

Filing Fee:

None.

Filing with the Court:

Once the form is completed, signed, and notice is provided as indicated above, the form must be filed in the Court where the guardian was appointed on or before the date of admission. The form shall be considered "filed" when it has either been docketed or date stamped as received by the Division where the guardian was appointed. A hearing is not required and no other action will be taken by the Court except appointment of counsel, if necessary. Once filed, a copy of the form may be requested upon payment of \$1.00 per page or \$2.50 per page for a copy attested to by the Register of Probate.

To Complete this Form:

CAPTION:

Case Name: Enter the name of the case (Example: In the Interests of Donna Jane Doe, Incapacitated Person).

Docket Number: Fill in the docket number assigned by the Court to the guardianship appointment.

Division: Enter the name and address of the Probate and Family Court where the guardian was appointed and where this form will be filed (Example: Suffolk Division, 24 New Chardon Street, Boston, MA 02114, etc).

SECTION I. To Be Completed by Guardian:

Name and Address of Nursing Facility: Enter the name and address of the specific nursing facility where the incapacitated person will be admitted. ****IMPORTANT NOTE:** If this information is unknown, this form cannot be used.

Expected Date of Admission: Enter the expected date of admission to the nursing facility. ****IMPORTANT NOTE:** In order to use this form, admission to the nursing facility must not be a mere possibility in the future. Admission to the nursing facility must occur within seven (7) days of filing this form with the Court or this form cannot be used.

Expected Date of Discharge: Enter the expected date of discharge from the nursing facility. ****IMPORTANT NOTE:** The expected date of discharge cannot be more than sixty (60) days from the date of admission to the nursing facility.

Appointment of Counsel: In # 4, select the appropriate box to indicate if the incapacitated person is represented by counsel. If yes, check box "(a)" and enter the name of counsel. **NOTE:** It is the responsibility of the guardian to enter this information. This information is public record and may be verified or obtained by reviewing the case file in person. The Probate and Family Court does not have resources to verify this information by telephone.

If the incapacitated person is NOT already represented by counsel, check box "(b)". ****IMPORTANT NOTE:** In order to use this form, the incapacitated person must be represented by counsel. If the incapacitated person is not already represented by counsel, an immediate appointment must be made by the Court upon filing this form.

Verification by Guardian: The guardian must sign his or her name, under the penalties of perjury, where indicated and CLEARLY PRINT his/her name below his/her signature and date the form in the appropriate space to the left. Enter the guardian's current address, including zip code and primary phone number, in the space provided. Information about the guardian's attorney, if any, shall also be provided.

SECTION II. To Be Completed by Authorized Medical Personnel Only:

RECOMMENDATION FOR ADMISSION:

In order for a Massachusetts court appointed guardian to admit an incapacitated person to a nursing facility for a period of sixty (60) days or less without prior court approval, G. L. c. 190B, § 5-309(g) requires and authorizes a licensed physician, licensed psychologist, certified psychiatric nurse clinical specialist or nurse practitioner to recommend admission to the nursing facility. As an authorized medical provider, you are being requested by the guardian to recommend such admission. ****IMPORTANT NOTE:** If you are not able to recommend an admission for sixty (60) days or less, do not sign this form.

To recommend admission, print your name in the space provided, sign where indicated, and date the form in the appropriate space. Please provide your office address and phone number and enter your license type, number and date in the space provided.