

Commonwealth of Massachusetts
THE TRIAL COURT
PROBATE AND FAMILY COURT DEPARTMENT

PETITION TO AMEND GUARDIANSHIP

Plymouth Division

Docket No. _____

NAME OF WARD: _____

INHABITANT OR RESIDENT OF: _____
(institution, street, address, _____
city, county) _____

() is mentally retarded to the degree that he/ she is incapable of making informed decisions with respect to the conduct of his /her personal or financial affairs

() is mentally ill person and incapable of taking care of him/herself

and in need of treatment with antipsychotic medication. _____

has a permanent guardian, _____ of _____

per order of the _____ Court dated _____

, 20____ .

NAME AND ADDRESS OF PETITIONER: _____

STATUS: _____

LIST HEIRS APPARENT OR PRESUMPTIVE ON REVERSE SIDE OF FORM

The proposed ward () is () is not entitled to any benefits, estate or income paid or payable through the U.S. Veteran's Administration

WHEREFORE, your petitioner prays that this Court enter a substituted judgment authorizing treatment of

_____ with anti-psychotic medication, and amend the guardianship to include authority to monitor a treatment plan which authorizes the use of anti-psychotic medication, and appoint

_____ as treatment monitor.

Petitioner certifies under the penalties of perjury that the statements herein contained are true to the best of h_____ knowledge and belief.

Date

Signature

The undersigned hereby assent to the foregoing petition:

