

Commonwealth of Massachusetts

The Trial Court

Plymouth Division

Probate and Family Court Department

Docket No. _____

GUARDIANSHIP PETITION
GUARDIAN OF PERSON - AND ESTATE

Name of proposed ward _____

Please check applicable box and/or strike out Inapplicable language where appropriate.

Basis for the Guardianship:

- Mental Illness, Mental Retardation, Physical Incapacity or Illness

Special Requests:

- for court authorization to treat with antipsychotic medication(s) in accordance with the treatment plan
for court authorization to admit or commit to a mental health or mental retardation facility
extraordinary medical authority

To the Justices of the Probate and Family Court:
RESPECTFULLY represents

PETITIONER (1)

PETITIONER (2)

(PRINT name of petitioner)

(PRINT name of petitioner)

that they are - he/she is:

- parent(s), two (or more) relatives or friends, a nonprofit corporation organized under the laws of the Commonwealth, an agency within the Executive Office of Human Services or Educational Affairs.

AND that _____ whose address is

(street address) (city or town) (county) (state) (zip code)

- is incapable of taking care of himself/herself by reason of mental illness.
is mentally retarded to the degree that he/she is incapable of making informed decisions with respect to the conduct of his/her personal and/or financial affairs.
is unable to make or communicate informed decisions due to physical incapacity or illness.

List all heirs apparent or presumptive of ward:

Table with columns: NAME, RESIDENCE, RELATIONSHIP. Includes subtext: (Please indicate if person is a minor or incompetent)

The ward is - is not - entitled to benefits, estate, or income paid or payable through the United States Veterans Administration.

[Guardianship of mentally retarded persons ONLY]

- A Clinical Team report is filed with this petition. (See, G.L.M. c. 201, §6A and Uniform Probate Court Practice XXII(A))

(GUARDIANSHIP PETITION BACK)

WHEREFORE, the petitioner(s) pray(s) that _____
(name of proposed guardian(1))

(street address) (city or town) (state) (zip code)

- and _____
(name of proposed guardian(2), if applicable)

(street address) (city or town) (state) (zip code)

— or some other suitable person - be appointed the guardian of the person - and - the estate of the ward.

FURTHERMORE the petitioner(s) request(s):

court authorization to treat with antipsychotic medication(s) in accordance with the treatment plan.

court authorization to admit or commit to a mental health or mental retardation facility.

court authorization for the following extraordinary medical procedure(s): _____

The Petitioner(s) certify(ies) under the penalties of perjury that - the ward's estate does not exceed \$100.00 and that - the statements contained herein are true to the best of his/her/their knowledge and belief.

Dated: _____

PETITIONER (1)

(signature of petitioner)

(street address)

(city or town) (state) (zip code)

Tel. No. () _____

PETITIONER (2)

(signature of petitioner)

(street address)

(city or town) (state) (zip code)

Tel. No. () _____

The undersigned hereby assent(s) to the foregoing petition.

For Petitioner(s):

(name)

(street address)

(city or town) (state) (zip code)

Tel. No. () _____

B.B.O. # _____

PETITION - DECREE

Filed: _____

Citation issued: _____

Returnable: _____

Allowed: _____

For Respondent:

(name)

(street address)

(city or town) (state) (zip code)

Tel. No. () _____

B.B.O. # _____

INSTRUCTIONS

1. Refer to G.L.M. c. 201, §§ 6, 6A,6B, 7; Probate Court Rule 2913; and, Uniform Probate Practice XXII and XXII(A).
2. A bond must be furnished.
3. If certified that the ward's estate is less than \$100.00, no filing fee is required. If the ward's estate is \$100.00 of more, a \$150.00 filing fee, a \$50.00 bond and \$15.00 surcharge must be paid upon filing.
4. A Medical Certificate must be filed in accordance with Uniform Probate Practice XXII.