

**Request for Guardian** (for an Adult)

Form MPC-120

Case No.: \_\_\_\_\_



Probate and Family Court  
Commonwealth of Massachusetts  
\_\_\_\_\_ County

Use this form to ask the court to appoint a guardian for an adult who has a physical or mental disability that makes it hard for him/her to make good decisions or communicate.

You can fill out or print this form online at: [www.mass.gov/courts](http://www.mass.gov/courts). File your completed form in the county where the adult lives.

The court wants all adults to be as independent as possible. The court will only make orders that the adult really needs to keep him/her safe and healthy.

**1. Your information** *(person asking the court to appoint a guardian)*

Name: \_\_\_\_\_  
*first middle last*

Address: \_\_\_\_\_  
*street city state zip*

Best phone #: \_\_\_\_\_ Your relationship to the person in **2**: \_\_\_\_\_

Explain why you are asking the court to appoint a guardian: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here if another person is filing this form with you.

**2. Information about the person who needs a guardian**

Name: \_\_\_\_\_  
*first middle last*

Current Address: \_\_\_\_\_  
*street city state zip county*

Birthdate (MM/DD/YYYY): \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_

Best Tel. #: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Primary language *(check all that apply)*:  English  Other: \_\_\_\_\_

Check here if the adult is eligible for veteran's benefits, and list VA Claim #: \_\_\_\_\_

**3. Describe this person's disability** *(check all that apply)*:

- Mental illness / disability  Alcoholism
- Physical illness / disability  Drug use
- Other *(describe)*: \_\_\_\_\_

**4. Why does this person need a guardian?** *(Give recent examples that show how this person is not able to make good decisions or communicate.)*

This person *(Say what happened or describe situation)*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If you need more space, attach a sheet to this form.*