

PETITION FOR APPOINTMENT OF GUARDIAN FOR AN INCAPACITATED PERSON	Docket No. _____	Commonwealth of Massachusetts The Trial Court Probate and Family Court
In the Interests of: _____ <small>First Name Middle Name Last Name</small> Alleged Incapacitated Person/Respondent	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Division </div>	

The Court shall encourage the development of maximum self-reliance and independence of the Incapacitated Person and make appointive and other orders only to the extent necessitated by the Incapacitated Person's limitations or other conditions warranting the procedure.

1. Information about the Respondent:

Name: _____ Age: _____
First Name M.I. Last Name

Primary Language: English Other: _____ Primary Phone #: _____

Principal Residence: _____
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Date Residence was established: _____

Current Address: Same as Above or the following address:

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

If this appointment is made, Respondent will reside at Principal Residence Current Address the following address:

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Respondent is is not alleged intellectually disabled.

2. Information about the Petitioner:

Name: _____
First Name M.I. Last Name

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: _____ Relationship to Respondent: _____

State your interest in the appointment:

An attachment to this petition provides information on co-petitioner(s).

3. The Petitioner is requesting:

to be appointed that some suitable person be appointed that the person named below be appointed:

Name: _____
First Name M.I. Last Name

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: _____ Relationship to Respondent: _____

An attachment to this petition provides information on co-Guardian(s).