PETITION FOR APPOINTMEN GUARDIAN OF MINOR	NT OF Docket		nonwealth of Mas The Trial Cοι robate and Famil	ırt
n the Interests of:	I			Divisio
First Name Middle Name	Last Name			
Minor				
Information about the Minor:				
First Name N	1.I. Las	st Name Currer	nt age Date	e of Birth
(Address) County of Residence:	, ,	(City/Town)	(State)	(Zip)
The Petitioner is:				
a person or persons interested in the we	fare of the Minor.	or		
Information about the Petitioner(s):				
Name: First Name				
First Name	ľ	И.І.	Last Name	
(Address)		(City/Town)		
Primary Phone #:	Rel	ationship to Minor:		
Name: First Name		И.I. — — — — — — — — — — — — — — — — — —	Last Name	
(Address)	(Apt, Unit, No. etc.) (City/Town)	(State)	(Zip)
Primary Phone #:	, ,	ationship to Minor:	(Glate)	(Σιρ)
Information about the Biological Mother/p	arent one and Fath	er/parent two:		
Mother's/Parent One Name M		Last Name	Deceased	
(Address)	Apt, Unit, No. etc.)	(City/Town)	(State)	(Zip)
			Decease	ed
Father's/Parent Two Name M	I.	Last Name		
(Address)	Apt, Unit, No. etc.)	(City/Town)	(State)	(Zip)
Is there a nomination of a guardian by will If Yes, attach copy of document.	or other writing si	gned by a parent or gua	rdian? 🗌 Yes	s 🗌 No
•		f the Duckets and Family	· Carret hasarras	
Venue for this proceeding is proper in this	_	T the Propate and Family	Court because	
the minor resides in the county/Divisior		e probated in this county/[

7. The best interests of the Minor will be served by appointment of a guardian for the Minor.

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[parent(s) cor	nsent to the appointmer	nt of a guardian.	Attach Nota	arized Consent of	Parent(s).	
[all parental r	ights have been termin	ated by				
	prior cou	rt order. Attach a cop y	of the court o	rder to this P	etition.		
	a signed	voluntary surrender. A	Attach a copy o	f the surrend	er to this Petition.		
	death. If	available, attach a cop	y of the death	certificate to	this Petition.		
[Parent or par	rents are unavailable to	exercise their p	arental rights	because: (Briefly e	xplain)	
ī	□ 5				(D : 0 1 :)		
	Parent or pai	rents are unfit to exerci	se their parental	rights becaus	se: (Briefly explain)		
[Guardianshi	p has previously been o	granted to a third	d party who ha	as died or become i	ncapacitated, an	d the guardian
		ointed a successor gua	rdian by will or w	vritten instrum	ent. Describe and	attach order or	any relevant
	documents.	•					
). <u> </u>	Petitioner is re	questing to be appointe	ed as Guardian a	and is not curr	ently being investig	ated nor does he	e/she have
	•	ng for assault resulting		o the minor. I	Petitioner is not bei	ng investigated a	nd does not
	have charges	pending for neglect of t	he minor.				
0	I request that	sureties required on the	e bond be waive	d by the court			
ı D	otitioner is reque	acting the following pers	on he anneinte	d oo Cuardian			
11. P	ennoner is reque	esting the following pers	son be appointed	as Guardian			
Na	ame:	First Name		M.I.		Last Name	
						2001.100	
		(Address)	(Apt, Unit, N	•	(City/Town)	(State)	(Zip)
Pr	rimary Phone #:			Relationshi _l	o to Minor:		
	☐ He/She has p	oriority for appointment	as guardian pur	suant to G.L.	c. 190B, § 5-207 be	cause the propos	sed Guardian
	is nominated	d by the Minor and the N	Minor is 14 years	s of age or old	ler. Attach Nomin	ation of Minor.	
2. W	/ho, other than	you, had primary care	and custody o	of the Minor o	during the 60 days	prior to filing the	nis Petition?
(G	i.L. c. 190B, §5-	206):	Person list	ted below			
Na	ame:						
. 10		First Name		M.I.		Last Name	
		(Address)	(Apt, Unit, N	lo oto)	(City/Town)	(State)	(Zip)
Pri	imary Phone #:	(Address)				(State)	(C'P)
	ates of care						
טפ							

8. The minor is unmarried and

who can be found:

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13. If mother and father are deceased, list brothers and sisters or adult relatives, for example aunt, uncle, grandparent

Name:						
		First Name	M.I.		Last Name	
		(Address)	(Apt, Unit, No. etc.)	(City/Town)	(State)	(Zip)
Primary	Phone #:		Relationship	o to Minor:		
Name:						
ivaille.		First Name	M.I.		Last Name	
		(Address)	(Apt, Unit, No. etc.)	(City/Town)	(State)	(Zip)
Primary	Phone #:		Relationship	o to Minor:		
14. Is any p ☐ Yes Name:		If Yes, identify: First Name	ardian or Conservator for the	e Minor in Mass	Last Name	ewnere?
		(Address)	(Ant Hait No ata)	(City/Town)	(State)	(7in)
Primary	Phone #:	(Address)	(Apt, Unit, No. etc.) Relationship	, .	(State)	(Zip)
15. Pleas	e note that	case exists or you are a guardianship case c	also filing a Petition for Appoin does not provide authority over ok accounts, property, and antic	substantial fund	s. e.g. Social Security	, interest?
Yes	☐ No	If Yes , identify:	Do not list bank accou	nt numbers or S	Social Security nu	ımbers.
	Description of Assets, e.g. Bank Accounts, Property			Estimated Value of Property or Amount of Income		
				Total		

The Petitioner shall provide notice to the parents, Minor if 14 years of age or older, and persons listed in paragraphs 11-13 of the time and place for a hearing on this Petition in accordance with Probate and Family Court Standing Order 4-09. Notice requirements may be different if an emergency guardianship is sought.

The Petitioner/Co-Petitioners is/are interested in the welfare and best interests of the Minor and request/s that an appointment of a guardian be made after notice and hearing.

In addition, I/We request that the Court:

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SIGNED UNDER THE PENALTIES OF PERJURY

I affirm or swear under oath that I have read the foregoing petition and that the statements set forth therein are true and correct to the best of my knowledge.

Date					
	Signature of F	Signature of Petitioner			
Date					
	Signature of Co-Petitioner (if applicable)				
Attorney for Petitioner	Print Na	Print Name			
	(Address)	(Address)			
	(City/Town)	(State)	(Zip)		
	Primary Phone #:				
	BBO No.:				

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