

**PETITION FOR REMOVAL OF  
GUARDIAN OF MINOR PURSUANT TO  
G.L. c. 190B, §5-212**

Docket No.

**Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court**

In the Interests of:

Division

First Name

Middle Name

Last Name

Minor

1. Petitioner(s),

First Name

M.I.

Last Name

Current address

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #:

is/are the Parent(s)     mother     father     both.

is the Minor (if 14 or more years of age).

is a person interested in the welfare of the Minor. (State nature of interest)

2. Guardian(s),

First Name

M.I.

Last Name

Current address

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #:

was appointed on

(date)

3. Petitioner(s) requests that the court remove the guardian/co-guardians for the following reasons:

The biological parent(s) can resume parental responsibilities. (Explain circumstances)

Address of parent(s) resuming responsibility

First Name

M.I.

Last Name

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #:

The Minor was adopted.

Other: (Attach additional sheets or documents, if necessary)

4. Petitioner requests that

\_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name

be appointed as successor Guardian(s) (Petitioner is not required to nominate a successor).

5. Petitioner requests a hearing be scheduled on this matter.

The Minor (if 14 years of age or older), guardian, and the parents of the minor, provided that the parental rights have not been terminated or a voluntary surrender has not been signed, are required by law to be given notice of the time and place of hearing on this Petition.

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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 Petitioner

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Petitioner (if applicable)

Attorney for Petitioner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Apt, Unit, No. etc.)

\_\_\_\_\_  
(City/Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Primary Phone #: \_\_\_\_\_

BBO No.: \_\_\_\_\_