

NOTICE/ORDER REGARDING GUARDIAN'S CARE PLAN/REPORT (ADULT)	Docket No. _____	Commonwealth of Massachusetts The Trial Court Probate and Family Court
In the Interests of: _____ <small>First Name Middle Name Last Name</small> Incapacitated Person	_____ Division _____ _____ _____	

NOTICE

This Court has reviewed and accepted the Guardian's Care Plan/Report. **Receipt and acceptance does not release the Guardian from fiduciary standards.**

ORDER

THE GUARDIAN'S ANNUAL CARE PLAN/REPORT MUST BE FILED WITH THE COURT EACH YEAR ON THE ANNIVERSARY OF THE GUARDIAN'S APPOINTMENT UNTIL THE GUARDIANSHIP IS TERMINATED UNLESS OTHERWISE ORDERED BY THE COURT.

The following question(s) must be completed or supplemented: _____

An amended Guardian Care Plan/Report with this required information must be filed by: _____ (date)

Failure to submit an amended report may result in a Show Cause hearing which may affect your appointment as Guardian.

This matter is set for a hearing at the following time and location:

Date: _____

Time: ____ : ____ AM PM

Probate & Family Court Location

Date: _____