## Commonwealth of Massachusetts Docket No. PETITION FOR The Trial Court REMOVAL OF A GUARDIAN **Probate and Family Court Division** In the Interests of: First Name Middle Name Last Name **Incapacitated Person** 1. The Petitioner is: the Incapacitated Person OR a person interested in the welfare of the Respondent. State the nature of interest: Information about the Incapacitated and/or Protected Person: Age: First Name Last Name Middle Name (Apt, Unit, No. etc.) (State) (Address) (City/Town) Primary Language: English Other: Primary Phone #: Respondent is is not intellectually disabled. Information about the Petitioner: Name: \_\_\_\_\_ First Name M.I. Last Name (Address) (Apt, Unit, No. etc.) (City/Town) Primary Phone #: Relationship to Respondent: An attachment to this petition provides information on additional co-petitioners. 4. This Court entered a Decree and Order of Appointment of Guardian appointing: and said Decree is still valid and in full force and effect. ☐ The Petitioner(s) requests the following Guardian(s): name(s) (hereafter "Guardian") be removed for the following reasons: The Guardian is incapacitated or disabled. The Guardian is being investigated or has charges pending for assault and battery on and/or neglect of the Incapacitated Person.

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The Guardian is unfit or unsuitable to serve for the following reasons:

WHEREFORE, PETITIONER REQUESTS THAT THIS HONORABLE COURT REMOVE THE ABOVE-NAMED GUARD AND FURTHER REQUESTS:			
Any co-guardian(s) remain in offic	e;		
☐ The appointment of a successor g Guardian for an Incapacitated Pe ☐ Other:	=		e Petition for Appointment of
SIGNED	UNDER THE PENALTIES	OF PERJURY	<i>(</i>
ffirm or swear under oath that I have re d correct to the best of my knowledge.	ad the foregoing Petition and tha	at the statements	set forth therein are true
: 	_		
:		Sig	gnature of Petitioner
·	_	Signature o	f Co-Petitioner (If applicable)
ent to the foregoing Petition:	Print Name		Signature
ney for Petitioner:			
		(Print nan	
		(Print nan	ne) (Apt, Unit, No. etc
	(Cit	(Address)	

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