PETITION FOR TERMINATION OF A ☐ GUARDIANSHIP AND/OR ☐ CONSERVATORSHIP	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court

In the Interests of:

First Name _____ Middle Name _____ Last Name _____

Incapacitated Person/Protected Person/Respondent

_____ **Division**

1. The Petitioner is:

☐ The Incapacitated Person;

☐ The Protected Person;

☐ The ☐ Guardian(s) ☐ Conservator(s) of the Incapacitated and/or Protected Person.

☐ A person interested in the welfare of the Incapacitated and/or Protected Person. State nature of interest:

2. Information about the Incapacitated and/or Protected Person:

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

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

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

☐ is ☐ is not alleged intellectually disabled

Proposed address if termination is allowed ☐ Same as Above or ☐ the following address:

_____ (Address Line 1) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip)

3. Information about the Petitioner (complete only if Petitioner is not the Incapacitated and/or Protected Person):

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 additional co-petitioners. click to add click to remove

4. This Court entered a Decree and Order of Appointment of:

☐ A Guardian appointing _____ (Name) on _____ (date).

☐ A Conservator appointing _____ (Name) on _____ (date).

and said Decree(s) are still valid and in full force and effect.

5. ☐ **As to the Guardianship, the Petitioner(s) states:**

The Guardianship should be **terminated** for the following reason (choose one):

☐ The Incapacitated Person no longer meets the standard for establishing the guardianship.

A Medical Certificate for Termination of Guardianship dated with an examination having taken place within 30 days of the filing of the petition or, if the Incapacitated Person is alleged to be mentally retarded, a clinical team report dated with an examination having taken place within 180 days of the filing of the petition:

☐ is filed with this Petition or is on file with the Court: Docket No. _____

OR

☐ is not filed with this Petition and is not on file with this Court.

If a Medical Certificate or Clinical Team Report is not filed with this Petition, or on file with this Court, you must immediately file and present a motion requesting that the Court permit it to be filed late or waive the filing requirement. An affidavit must accompany the motion explaining why it is impossible to file a Medical Certificate or Clinical Team Report with this Petition.

☐ Other:

6. ☐ **As to the Conservatorship, the Petitioner(s) states:**

The Conservator should be **terminated** for the following reason (choose one):

☐ The Protected Person has attained the age of majority or is otherwise emancipated.

☐ The Protected person is no longer disabled or no longer needs the protection or assistance of a Conservator.

A Medical Certificate for Termination of Conservatorship dated with an examination having taken place within 30 days of the filing of the petition unless the Protected Person is or was a minor at the time of appointment or, if the Protected person is alleged to be mentally retarded, a clinical team report dated with an examination having taken place within 180 days of the filing of the petition:

☐ is filed with this Petition or is on file with the Court: Docket No. _____

OR

☐ is not filed with this Petition and is not on file with this Court.

If a Medical Certificate or Clinical Team Report is not filed with this Petition, or on file with this Court, you must immediately file and present a motion requesting that the Court permit it to be filed late or waive the filing requirement. An affidavit must accompany the motion explaining why it is impossible to file a Medical Certificate or Clinical Team Report with this Petition.

☐ The Protected Person's inability to manage property and business affairs has been resolved as follows:

☐ The assets of the Conservatorship are insufficient to warrant continued management. The remaining assets are describe as follows:

☐ Other:

7. Does the Respondent have, in the Commonwealth or elsewhere, :		If yes, a copy of the document is:	Information/Explanation: (If a Petition has been filed but not allowed, please list Court and Docket Number of pending case)
A document nominating a Guardian?	☐ Yes and the person's information is listed at Q.4 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	
A current Guardian?	☐ Yes and the person's information is listed at Q.4 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	
A current Conservator?	☐ Yes and the person's information is listed at Q.4 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	
A Representative Payee?	☐ Yes and the person's information is listed at Q.4 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	
A Health Care Agent?	☐ Yes and the person's information is listed at Q.4 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	
A Durable Power of Attorney/Agent?	☐ Yes and the person's information is listed at Q.4 ☐ No ☐ Uncertain	☐ Attached ☐ Unavailable	

8. Respondent ☐ is ☐ is not entitled to benefits from the Department of Veterans Affairs or ☐ Uncertain.

WHEREFORE, PETITIONER REQUESTS THAT THIS HONORABLE COURT:

☐ **Terminate the Guardianship.**

☐ **Terminate the Conservatorship and authorize the Conservator to transfer title to all assets of the estate to the Protected Person or distribute the assets as follows:**

☐ **In addition, I request that the Court:**

9. Does Respondent have any assets, e.g. bank accounts, property? ☐ Yes ☐ No ☐ Uncertain. **If Yes, identify:**

Description of Assets, e.g. Bank Accounts, Property, Insurance, Pensions DO NOT INCLUDE NAMES OF INSTITUTIONS OR ACCOUNT NUMBERS	**Estimated Value of Property**
Total	

☐ An attachment to this petition provides additional information. Click to add click to remove

10. Does Respondent have any anticipated income? ☐ Yes ☐ No ☐ Uncertain. **If Yes, identify:**

Description of Income, e.g. Social Security, Interest DO NOT INCLUDE NAMES OF INSTITUTIONS OR ACCOUNT NUMBERS	**Amount of Anticipated Monthly Income or Receipts**
Total	

☐ An attachment to this Petition provides additional information. Click to add click to remove

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)

I assent to the foregoing Petition:

	Print Name	Signature
Date _____	_____	_____
Date _____	_____	_____
Date _____	_____	_____

Attorney for Petitioner:

_____
(Print name)

_____ _____
(Address) (Apt, Unit, No. etc.)

_____ _____ _____
(City/Town) (State) (Zip)

Primary Phone #: _____

B.B.O. # _____

Reset Form