

**QUESTIONS FOR COMPLETING THE PETITION FOR TERMINATION
OF GUARDIANSHIP and/or CONSERVATORSHIP**

Please complete the questionnaire to the best of your ability. Where applicable you may state yes, no, or uncertain. If you need additional space, feel free to attach a continuation page. The numbering of the questions coordinates with the questions on the Petition. I will complete the Petition and return it to you for your review, edits and once in final form, signature.

1. Your information:

Name: _____

Phone Number: _____ Fax: _____ Email: _____

Address: _____

Relationship to Incapacitated Person: _____

2. Information about the Incapacitated Person or Protected Person you are seeking to obtain Guardianship/Conservatorship over – this person will be referred to as the Respondent in the remaining part of this questionnaire:

Name: _____

Age: _____ Date of Birth: _____ Primary Language: _____

Phone Number: _____

Principal Residence: _____

Date Residence was established: _____

Current Address: _____

Where will Respondent reside: _____

Who is the Respondents current treating doctor or psychiatrist (Name/Address/Phone):

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Respondents Spouse and Children. If none, list parents and brothers and sisters or if none, list the closest living relative.

Full Name	Address, Apt., City, State, Zip	Phone	Relationship to Respondent	Minor? Age? Incapacitated?

4. What is the Docket Number of the Current Guardianship/Conservatorship? _____

Who is the Current Guardian/Conservator? _____

What is the date of his/her appointment? _____

5. Why should the Guardianship be terminated ?

_____ Because the Patient no longer meets the standard for establishing the guardianship

_____ Other reason? Please describe: _____

Please provide a Medical Certificate for Termination – Form MPC 401 (with the examination having occurred within 30 days of the filing of the Petition)

Does Respondent have an intellectual disability ? _____ If so we need a Clinical Team Report (instead of the Medical Certificate) – call me for the form.

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7. Does Respondent have a current Guardian of Person/Estate in the Commonwealth or elsewhere? _____

If yes, who: _____

Address: _____

Phone: _____ Relationship: _____

Attach a copy of the Decree/Order including Docket # and Court and any current Treatment Plan.

Does Respondent have a current Conservator in the Commonwealth or elsewhere? _____

If yes, who: _____

Address: _____

Phone: _____ Relationship: _____

Attach a copy of the Decree/Order including Docket # and Court.

Has the Respondent nominated a Guardian/Conservator in the Commonwealth or elsewhere?

If yes, who: _____

Address: _____

Phone: _____ Relationship: _____

Attach a copy of the nominating instrument.

Does the Respondent have a Health Care Agent in the Commonwealth or elsewhere? _____

If yes, who: _____

Address: _____

Phone: _____ Relationship: _____

Attach a copy of the Health Care Proxy.

Does the Respondent have a Durable Power of Attorney in the Commonwealth or elsewhere?

If yes, who: _____

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Address: _____

Phone: _____ Relationship: _____

Attach a copy of the Durable Power of Attorney.

Does the Respondent have a Representative Payee in the Commonwealth or elsewhere? _____

If yes, who: _____

Address: _____

Phone: _____ Relationship: _____

8. Is the Respondent entitled to benefits from the Dept. of Veterans Affairs?
____ Yes ____ No ____ Uncertain

9. Does the Respondent have any assets in a Bank Account.

____ Yes ____ No ____ Uncertain

Description of Asset	Estimated Value of Property

10. Does Respondent have any anticipated Income?

____ Yes ____ No ____ Uncertain

Description of Income	Amount of Anticipated Monthly Income or Receipts

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