_____ Division

Commonwealth of Massachusetts The Trial Court Probate and Family Court Department

CONSERVATORSHIP PETITION	
Name of proposed ward	
Please check applicable box and/or strike out inapplicable languasis for the Conservatorship:	age where appropriate.
☐ Mental Weakness	☐ Physical Incapacity (ward must assent to petition)
☐ Mental Retardation	☐ Military M.I.A./P.O.W
To the Justices of the Probate and Family Court:	
RESPECTFULLY represents PETITIONER (1)	PETITIONER (2)
(PRINT name of petitioner) that they are — he/she is:	(PRINT name of petitioner)
parent(s)	one (or more) relative(s) or friend(s)
(petition regarding mentally retarded person only)	
parent(s)	☐ two (or more) relative(s) or friend(s)
a nonprofit corporation organized under the laws of the Commonwealth	an agency within the Executive Office of Human Services or Educational Affairs.
AND that	whose address is
(name of proposed	d ward)
(street address) (city or town)	(county) (state) (zip code)
is a person who is unable to properly care for his/he	er property by reason of mental weakness.
is a person who is unable to properly care for his/her assent to petition).	r property by reason of physical incapacity (person mus
	ne is incapable of making informed decisions with respec the failure to appoint a conservator would create ar
☐ is a person who is declared missing in action or a p United States.	orisoner of war while serving in the Armed Forces of the
List <u>all</u> heirs apparent or presumptive of ward: NAME (please indicate if person(s) is/are a minor or incon	RESIDENCE RELATIONSHIP
	ate, or income paid or payable through the United States
Veterans Administration. [Conservatorship of mentally retarded persons	s ONLY]
A Clinical Team report is filed with this petition (See, G.L.M. c	201, §16B and Uniform Probate Court Practice XXII(A))