

GUARDIANSHIP OF INCAPACITATED PERSONS

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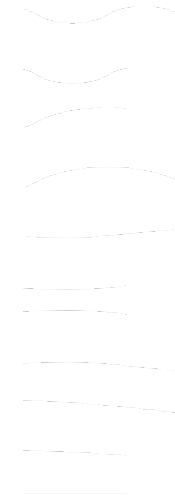
Moderated by Tanasia White, Esq.

De Novo





WHAT IS GUARDIANSHIP?



Get familiar with some of the terms

“Petitioner” is the term used to refer to an individual filing for guardianship.

“Respondent” is a generic term that refers to any subject of a guardianship.

“Guardian” is the term used to refer to a person who has been appointed by the Court as the guardian over person.

"Notice" is the requirement that a person filing for guardianship must provide or attempt to provide an "interested party" information about a court proceeding.

"Interested party" a person with a legal interest in the case. In most cases this will generally be a parent, spouse, family member or a current legal guardian.

What is Guardianship?

A Guardian must be appointed by a Probate Court.

Guardianship grants the guardian authority to care for, and to make decisions on behalf of an incapacitated person (IP).

The Court must approve any resignation or order any removal of a guardian.

All interested parties must receive notice.

Two Types of Guardianship

Of a Minor (a child under 18)

- Absence of parent(s).
- Death of parent(s).
- Parent is unable or unavailable to care for the child.
- Parent is unfit.

Guardianship may be unnecessary if:

- Caregiver has parental authorization.
- Parental absence is short term.

Guardian is like a parent

Of an Incapacitated Person

- Incapacity
- Intellectual Disability
- Mental illness

Guardianship removes some of the IP's autonomy and decision-making ability

Guardian's Financial Powers

The background of the slide features a light teal color with a faint, semi-transparent image of several piggy banks in various colors (pink, blue, white) scattered across the scene.

1

Guardian can become the representative payee and collect the respondent's social security benefits from the Social Security Administration.

2

Guardian can learn of assets and income but will not have authority to spend or distribute any assets or income.

3

Guardian can collect up to \$5,000 per year for a minor ward. Mass. Gen. Laws c. 190B, § 5-102.

When is Conservatorship Necessary?

Need authority to bring a tort action on behalf of the “protected person’s”.


Protected person owns property that needs to be conveyed or sold.

Protected person is beneficiary of an estate (example: a parent dies and leaves a life insurance policy for the incapacitated person).

Note: Filing fee of \$215 is not waived by Court.



GROUNDS FOR GUARDIANSHIP



Incapacity
vs.
Intellectual
Disability



Person Must be “Incapacitated”

A person, who *for reasons other than advanced age or minority,*

has a clinically diagnosed condition

that results in an inability to receive and evaluate information or make or communicate decisions,

to such an extent that the individual lacks the ability to meet essential requirements for:

- physical health,
- safety, or
- self-care,

even with appropriate technological assistance.

Mass. Gen. Laws c. 190B, § 5-101.



OR Person Must be “Intellectually Disabled”

A person with significantly sub average intellectual functioning (usually IQ of 70 or less) with limitations in two or more of the following adaptive skills:

- communication,
- self-care,
- home living,
- social skills,
- community use,
- self-direction,
- health and safety,
- functioning academics,
- leisure, and
- work.

Mass. Gen. Laws c. 190B, § 5-101.

“Mental retardation” has been removed from all Massachusetts statutes and replaced with “**intellectual disability.**”

Why Seek Guardianship for an IP?

- IP is unable to make decisions regarding his/her own health, safety, self-care
- Decision-making vacuum
 - In MA, there is no statute authorizing medical providers to look to family members to make medical decisions (case law allows it in emergencies) and there is no indication of who should be given priority
 - Person does not have a health care proxy
- Need for decisions to be made
 - Disagreement among family members regarding course of treatment or
 - Need to make extraordinary medical decisions (e.g., anti-psychotics, discharge to nursing facility, amputations);
- Designed to balance protection of the individual with his/her independence and self-reliance to the extent possible.

Examples of When Guardianship May be Necessary

Elderly parent with degenerative health condition – cannot consent to treatment or placement in nursing facility

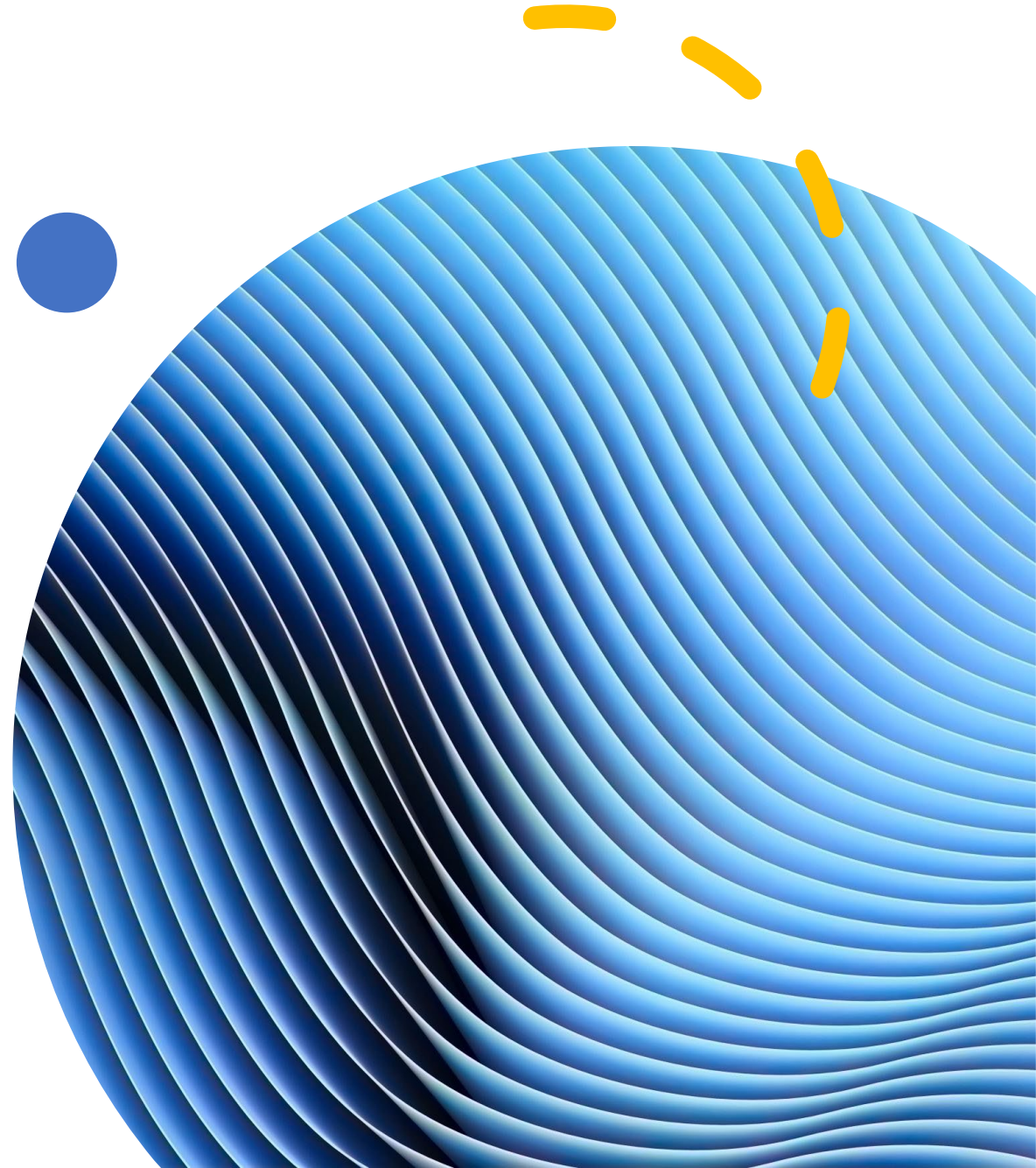
- No Health Care Proxy

Family member who suffered traumatic brain injury – cannot consent to participation in ongoing medical care and rehabilitation

Disagreement among family members

Disabled child turning 18 – parents can no longer make decisions without court authority

- Child entitled to public education through age 22





When is Guardianship Unnecessary?

Person has physical or other disability but retains decision-making ability

Person has Health Care Proxy and there is no disagreement over care plans

Person is making “poor” decisions or decisions with which family disagrees, but person is competent to make decisions

Person retains ability to make decisions but only with assistance (technological, medical, etc.)

Preference for Limited Guardianship for IP

- The Court will give **only as much authority** as appears **necessary** to alleviate the problems caused by the person's incapacity.
- The Court encourages development of **maximum self-reliance** and **independence** of the IP and makes orders only to the extent necessitated by the respondent's limitations.
- The Court may **on its own motion** or on **motion** of the IP or **other interested person**, **limit** the powers of a guardian and create a limited guardianship.

Mass. Gen. Laws c. 190B, § 5-306.



LIMITATIONS ON GUARDIANSHIP



Nursing Facilities

- In general, no guardian has the authority to admit an IP to a nursing facility without specific court order.
- The Court must first determine that the admission is in the person's best interest.
- “Notice of Intent to Admit to a Nursing Facility for Short Term Services”
 - Guardian can admit an IP to a nursing facility, without prior court approval, for a period of 60 days or less:
 - (1) with recommendation from authorized licensed health care provider;
 - (2) without objection from the incapacitated person;
 - (3) written notice of intent to admit has been filed by the guardian in the appointing court;
 - (4) a copy of the notice has been served in-hand on the incapacitated person, nursing facility, and counsel for the incapacitated person, if any; and
 - (5) the incapacitated person must be represented by counsel.

Commitment to a Psychiatric Facility



A Probate Court cannot admit the respondent to a psychiatric facility.



Commitment proceedings must be brought in the District Court.



Mass. Gen. Laws c. 190B, § 5-306A.

Duties of Guardian

A Guardian of an IP:

- is responsible for a respondent's support, care, education, health and welfare;
- shall act in respondent's best interest; and
- shall exercise reasonable care, diligence and prudence.

A Guardian of an IP must:

- preserve an IP's right of freedom of religion;
- exercise authority only as necessitated by the IP's mental and adaptive limitations; and
- encourage the IP to participate in decisions, act on his or her own behalf; and develop or regain the capacity to manage personal affairs


Mass. Gen. Laws c. 190B, §§
5-209, 5-309, 5-313.

Immunities of Guardian

Guardian is **not personally liable** for the respondent's **expenses**.

Guardian is not liable to **third persons** for the **acts** of the IP by reason of the relationship.

Mass. Gen. Laws c. 190B, § 5-309.



Liability of Health Care Proxy

- No person acting as agent pursuant to health care proxy shall be subject to criminal or civil liability for making a health care decision in good faith pursuant to this chapter.
- MGL 201De. Sec. 8

Mental Illness and Treatment with Antipsychotic Drugs

Respondents who are mentally ill are sometimes treated with antipsychotic drugs.

Treatment with antipsychotic drugs requires special court authority.

- A Rogers guardianship needs to be in place, which requires special forms and procedures.

Substituted Judgment

The Court authorizes treatment to which the respondent would consent, if not incapacitated.

Rogers v. Commissioner of Dep't of Mental Health, 390 Mass. 489 (1983).

Counsel is provided for respondent.

Mass. Gen. Laws c. 190B, § 5-306A.

Best interest

V. Substituted Judgment

A Guardian may make decisions regarding ordinary, customary and usual medical treatments

- Most non-invasive, nonexperimental procedures that are life sustaining or beneficial
- Taking into consideration the health, medical and safety needs of the IP

No Guardian of a minor or IP has the authority to consent to treatment for which substituted judgment may be required

- Invasive medical procedures
- Antipsychotic medication
- ECT (electroconvulsive therapy)
- Sterilization

The court must find that the person, if not incapacitated, would consent to such treatment and specifically approves and authorizes a treatment plan and endorses the plan in its order and decree



GUARDIANSHIP PROCESS

Guardianship Case Timeline

1. Determine who may petition and where they can file
2. File Guardianship Petition and Accompanying Documents
3. Post-Filing Stage
4. Complete Service of Process
Even if Incapacitated Person has an estranged child and does not have a current address for them, they are still an interested person in the case and will need to be served by publication.
5. Attend Hearing(s)
6. Post-Appointment Reporting to the Court



1. WHO CAN FILE/WHERE TO FILE



Who May Petition

An IP or any person interested in the welfare of the person alleged to be incapacitated may petition for a determination of incapacity, in whole or in part, and the appointment of a limited or general guardian.

Mass. Gen. Laws c. 190B, § 5-303.

Priorities


The court appoints as guardian the person nominated in the respondent's most recent durable Power of Attorney.

The following have priority, in the order listed:

- Spouse of the IP (or person nominated by will or other writing of deceased spouse);
- Parent of the IP (or person nominated by will or other writing of deceased parent); or
- Any person the Court deems appropriate.

Court may select person "best suited to serve," and may, acting in the respondent's best interest, pass over a person with priority and appoint a person with lower or no priority.

Mass. Gen. Laws c. 190B, § 5-305.



Who May Not Be Guardian

Court shall not appoint as guardian any person who is currently being investigated or has charges pending for:

- committing an assault and battery that resulted in serious bodily injury to the respondent
- or
- neglect of the respondent.
 - CARI (Court Activity Record Information) will be run for the proposed Guardian

Mass. Gen. Laws c. 190B, § 5-107.



Proper Venue

Where do I file?

The county in which:

- the respondent resides at the time the petition is filed;
- a will nominating a guardian was or could be probated; or
- an IP is admitted to a facility pursuant to a court order.

Mass. Gen. Laws c. 190B, § 5-105.

A photograph of a desk setup. In the background, a silver laptop is partially visible. In the foreground, there is a brown leather folder or notebook with several tabs. One tab is labeled 'NOTES'. Another tab is labeled 'WEEKLY'. A calendar is also visible, showing dates and days of the week. The text '2. Filing THE Guardianship Petition and Accompanying Documents' is overlaid in white on the image.

2. Filing THE Guardianship Petition and Accompanying Documents

Checklist- Initial Filing

Petition for Appointment of
Guardian for an Incapacitated
Person*

Verified Motion for Temporary
Guardianship (if applicable)

Bond

Military Affidavit*

Fee Waiver (if applicable)

- (Affidavit of Indigency* and Court Order re: Costs and Fees, with Supplement to Affidavit of Indigency)

Medical Certificate or Clinical
Team Report

- Note: Court can waive requirement of Medical Certificate or Clinical Team Report upon filing a statement that it is **impossible** to obtain, supported by affidavit. Standing Order 1-09.

**Requires guardian/client's
signature*

PETITION FOR APPOINTMENT OF GUARDIAN FOR AN INCAPACITATED PERSON	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
In the Interests of: <u>Ras</u> <u>Persimmon</u> <u>Berry</u> <small>First Name</small> <small>Middle Name</small> <small>Last Name</small>		Suffolk Division
Alleged Incapacitated Person/Respondent		

The Court shall encourage the development of maximum self-reliance and independence of the Incapacitated Person and make appointive and other orders only to the extent necessitated by the Incapacitated Person's limitations or other conditions warranting the procedure.

1. Information about the Respondent:

Name: Ras P. Berry
First Name M.I. Last Name

Primary Language: English Other: _____ Primary Phone #: 617-534-9964

Date of Birth: June 20, 2000 Age: 22 Gender: Unavailable

Principal Residence: 24 Sauce St. 3 Boston MA 02110
(Address) (Apt. Unit, No. etc.) (City/Town) (State) (Zip)

Date Residence was established: July 1, 2007

Current Address: Same as Above or the following address:

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

If this appointment is made, Respondent will reside at Principal Residence Current Address the following address:

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

Respondent is is not alleged intellectually disabled.

2. Information about the Petitioner:

Name: Green P. Bean
First Name M.I. Last Name

24 Sauce St. 3 Boston MA 02110
(Address) (Apt. Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: (765) 988-7654 Relationship to Respondent: Parent

E-mail: N/A

State your interest in the appointment:
I am the parent of Ras Berry and I have been taking care of them for the majority of their life. I wish to continue to take care of them, because they have a severe intellectual disability that makes it difficult for them to preform most daily tasks.

An attachment to this petition provides information on co-petitioner(s).

3. The Petitioner is requesting:

to be appointed that some suitable person be appointed that the person named below be appointed:

4. **He or she has priority of appointment because the nominee is (choose one):**

- Nominated in a durable power of attorney by Respondent; Respondent's parent or a parental nominee; OR
 Respondent's spouse or a spousal nominee; None of the above.

State the reason the proposed guardian(s) should be appointed:

The proposed guardian has priority of appointment as the parent of the respondent.

5. **This is a Petition for appointment of a (choose one):**

- Limited Guardian. State the powers being sought:
- to apply for health insurance benefits including MassHealth on behalf of Respondent;
 - to obtain copies of statements or any other records from banks, insurance companies, or other financial institutions verifying balances and transactions of accounts standing in the name of the Incapacitated Person, individually or jointly with another.
 - Other:

OR

- General Guardian. State the reasons why a Limited Guardianship is inappropriate:

Ras is unable to make informed decisions, cook, clean, or take care of proper daily hygiene without assistance.

6. **A Medical Certificate dated with an examination having taken place within 30 days of the filing of the petition or, if Respondent is alleged to be intellectually disabled, 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.

7. List respondents.

- A. Spouse, if any.
- B. Children, if any. If none, list parents and brothers and sisters or, if none, list heirs apparent or presumptive.
- C. Current Guardian in the Commonwealth or elsewhere;
- D. Nominated Guardian in the Commonwealth or elsewhere;
- E. Current Conservator in the Commonwealth or elsewhere;
- F. Health Care Agent;
- G. Durable Power of Attorney/Agent;
- H. Representative Payee; and/or
- I. Caretaker in the last 60 days.

Name	Primary Address	Primary Phone	Relationship (Check all that apply)	Indicate if this person is:
Jelly Donut	Parts Unknown LKA 123 Pastry St. Apt. 1 Boston, MA 02111		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> Nominated Guardian <input type="checkbox"/> Conservator <input checked="" type="checkbox"/> Relative: <u>Parent</u> <small>(relationship)</small>	<input type="checkbox"/> Minor <input type="checkbox"/> Incompetent
Sweet Tea	24 Sauce St. Apt. 3 Boston, MA 02110	N/A	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> Nominated Guardian <input type="checkbox"/> Conservator <input checked="" type="checkbox"/> Relative: <u>Sibling</u> <small>(relationship)</small>	<input checked="" type="checkbox"/> Minor <input type="checkbox"/> Incompetent
Green P. Bean	24 Sauce St. Apt. 3 Boston, MA 02110	765-988-7654	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> Nominated Guardian <input type="checkbox"/> Conservator <input checked="" type="checkbox"/> Relative: <u>Parent</u> <small>(relationship)</small>	<input type="checkbox"/> Minor <input type="checkbox"/> Incompetent

10. 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 current Guardian?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A document nominating a Guardian?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A current Conservator?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A Representative Payee?	<input checked="" type="checkbox"/> Yes and the person's information is listed at Q.9 <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input checked="" type="checkbox"/> Unavailable	
A Health Care Agent?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A Durable Power of Attorney/Agent?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	

11. Respondent has has not executed a MOLST (Medical Orders for Life-Sustaining Treatment)

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

13. 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
Checking Account	200.00
Total	200.00

An attachment to this petition provides additional information.

click to add

click to remove

14. 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
SSI	350.00
Total	350.00

An attachment to this Petition provides additional information.

click to add

click to remove

15. **Petitioner seeks specific Court authorization:**

to admit Respondent to a nursing facility;

to treat Respondent with antipsychotic medication in accordance with a treatment plan;

for the following treatment or action for which a substituted judgment determination may be required:

to revoke the Health Care Proxy of Respondent.

WHEREFORE, PETITIONER REQUESTS THAT THIS HONORABLE COURT:

Appoint Petitioner

First Name

M.I.

Last Name

Some suitable person

click to add

click to remove

as limited guardian(s) general guardian(s) of Respondent, with any specific authorization as may be requested in paragraph 14 above.

Petitioner requests the Court waive sureties on the Bond for the following reasons:

The Respondent has minimal funds to be managed and requiring sureties would place a financial burden on the Respondent.

A Conservator is appointed or is being requested.

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	_____	_____
Date	_____	_____

Attorney for Petitioner

Signature of Attorney

Ace Attorney

(Print name)

123 Attorney Rd. _____ **Suite 203**
(Address) (Apt, Unit, No. etc.)

Roxbury _____ **MA** **02119**
(City/Town) (State) (Zip)

Primary Phone: **(617) 111-2233** _____

B.B.O. # **123456** _____

E-mail: _____

EXHIBIT A LIMITATIONS TO GUARDIANSHIP			Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
In the Interests of:			Suffolk	Division
Roger <small>First Name</small>	Aaron <small>Middle Name</small>	Respondent <small>Last Name</small>		
Incapacitated Person				

Exhibit to an Order or a Decree and Order dated _____

The Incapacitated Person shall retain the following rights or responsibilities:

Care of Self

- To be responsible for bathing, dressing, toileting, and dental care (with assistance).
- To choose and determine daily meals.

Medical Decision Making and Management

- To make and communicate decisions about health care, including the continuance or withdrawal of life sustaining treatment.
- To choose a health or longterm care facility.
- To choose and direct home health care providers.
- To manage medications (with assistance).

Home and Community Life

- To choose to reside/live at home.
- To be responsible for maintaining and cleaning the home (with assistance).
- To be left alone (with time limit).
- To drive with a valid driver's license.
- To use public transportation independently.
- To make and communicate choices about roommates.
- To select and plan a schedule of daily and leisure activities.
- To vote.
- To smoke at a time and place of the incapacitated person's choosing, within the law.
- To seek and obtain employment.
- To travel.
- To determine with whom to have friendships and visitation.
- To determine how much to participate in religious activities.

Verified Motion for Temporary Guardianship

Temporary Guardianship (versus Permanent Guardianship):

Requires filing of Petition for Permanent Guardianship and Verified Motion for Temporary Guardianship

- There is NO petition for temporary guardianship. There is NO motion for permanent guardianship.

Requires proof of risk of substantial harm to the health, safety or welfare of the respondent.

Expires after 90 days but can be extended by the Court

VERIFIED MOTION FOR APPOINTMENT OF TEMPORARY GUARDIAN FOR AN INCAPACITATED PERSON PURSUANT TO G.L. c.190B, § 5-308		Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
In the Interests of:		Suffolk	Division
Roger	Aaron	Respondent	
<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>	
Alleged Incapacitated Person/Respondent		24 New Chardon Street	
on Petition filed <u>July 20, 2011</u>		Boston, MA 02114	
		(617) 788-8300	

The court shall encourage the development of maximum self-reliance and independence of the Incapacitated Person and make appointive and other orders only to the extent necessitated by the Incapacitated Person's limitations or other conditions warranting the guardianship.

Now comes the moving party Gretchen L. Guardian
First Name M.I. Last Name

who states as follows:

- An emergency exists requiring the appointment of a Temporary Guardian as any delay in the appointment will cause immediate and substantial harm to the health, safety or welfare of the Respondent, and no other person has authority to act in the circumstances.
- The nature of the circumstances requiring the appointment of a Temporary Guardian are:
Respondent just turned 18 and due to his developmental delays and low IQ he requires a guardian to make decisions for him to ensure his safety.
- The particular harm sought to be avoided is:
to ensure that a vulnerable, developmentally delayed young man is not out in society without a guardian.
- The actions which need to be taken by a Temporary Guardian to avoid the harm are:
ensuring that he goes to medical appointments, sees his family, has suitable housing, all personal well-being needs are taken care of, and keeping him safe.
- Respondent:**
 Does (See Petition) does not have a Health Care Agent in the Commonwealth or elsewhere or Uncertain.
A copy of the Health Care Proxy is attached already filed with the Court unavailable.

6. Respondent:

- Does (See Petition) does not have a Durable Power of Attorney/Agent in the Commonwealth or elsewhere or
 Uncertain.

A copy of the Durable Power of Attorney is attached already filed with the Court unavailable.

WHEREFORE, PETITIONER REQUESTS THAT THIS HONORABLE COURT:

Appoint The Petitioner(s) or

_____ or
First Name M.I. Last Name

Some suitable person.

as Temporary Guardian(s) of the Respondent to serve with without sureties for the following reasons:

Petitioner has limited financial resources

- The moving party further seeks specific court authorization:
- to admit Respondent to a nursing facility;
 - to treat Respondent with antipsychotic medication in accordance with a treatment plan;
 - for the following treatment or action for which a substituted judgment determination may be required:

 to revoke the Health Care Proxy of the Incapacitated Person;
 - to apply for health insurance benefits including MassHealth on behalf of the Respondent.

In addition, I request that the Court:

SIGNED UNDER THE PENALTIES OF PERJURY

I affirm or swear under oath that I have read the foregoing Motion and that the statements set forth therein are true and correct to the best of my knowledge.

Date July 20, 2011

Heather L. Gardner
Signature of Moving Party

Date July 20, 2011

Pro Bono Attorney
Signature of Attorney for Moving Party

Pro Bono Attorney
(Print name)

Bond

- Must file a bond if filing for Temporary or Permanent Guardianship.
- Surety is required on the bond unless the Court determines that it is in the respondent's best interest to waive surety or to require additional sureties. "Surety" is a guarantor of payment or performance if another fails to pay or perform.
- Surety is routinely waived on all guardianship bonds.

Mass. Gen. Laws c. 190B, §§ 5-208, 5-307.

BOND		Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court	
<input checked="" type="checkbox"/> Without sureties <input type="checkbox"/> With personal sureties <input type="checkbox"/> With corporate surety Bond #: _____				
In the Interests of:			Suffolk _____ Division	
Roger <small>First Name</small>	Aaron <small>Middle Name</small>	Respondent <small>Last Name</small>		
Incapacitated Person/Protected Person/Ward/Decedent/Trust				

The condition of this bond is the faithful discharge by the fiduciary of all duties according to law (for Public Administrators see G. L. c. 194, § 2). By executing this bond, a Personal Representative or Trustee submits personally to the jurisdiction of any court of the Commonwealth in any proceeding pertaining to the estate that may be instituted by any interested person. By executing this Bond, any other fiduciary submits personally to the jurisdiction of the Court which issued the Letters of Appointment. This bond is not void after the first recovery but may be proceeded against from time to time until the whole penalty is exhausted.

Estimated Value of Real Estate \$0.00 Estimated Value of Personal Estate \$0.00

Penal Sum of Bond (if applicable) _____

- Fiduciary Name: _____
First Name **Gretchen** M.I. **L.** Last Name **Guardian**
- _____
(Address) **123 Main Street** (Apt, Unit, No. etc.) **1** (City/Town) **Boston** (State) **MA** (Zip) **02111**
- Primary Phone #: **(617) 555-1234**
- Fiduciary Name: _____
First Name _____ M.I. _____ Last Name _____
- _____
(Address) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip) _____
- Primary Phone #: _____

The undersigned fiduciary accepts appointment as Guardian and stand(s) personally bound to the First Justice of said Court and his or her successors as obligee for the benefit of the persons interested in the estate and declare(s) the above estimates to be true and accurate to the best of his/her knowledge and belief.


Date July 20, 2011

Gretchen Guardian
Signature of Fiduciary 1.

Date _____

Signature of Fiduciary 2.

Military Affidavit

MILITARY AFFIDAVIT (UNDER 50 U.S.C. § 3931)		DOCKET NUMBER	Massachusetts Trial Court 
CASE NAME		COURT DEPARTMENT (Select only one court.)	
v.		<input type="checkbox"/> Boston Municipal Court <input type="checkbox"/> District Court <input type="checkbox"/> Housing Court <input type="checkbox"/> Juvenile Court <input type="checkbox"/> Land Court <input type="checkbox"/> Probate & Family Court <input type="checkbox"/> Superior Court	
		COURT DIVISION OR COUNTY	
Under the Servicemembers Civil Relief Act, 50 U.S.C. § 3931, I, _____ (Insert Name), have signed below affirming, to the best of my knowledge, that the following statements are true:			
1. As of _____ (Insert Month/Day/Year):			
A. <input type="checkbox"/> The following party(ies) is/are in military service as defined in the Servicemembers Civil Relief Act.			

B. <input type="checkbox"/> The following party(ies) is/are NOT in military service as defined in the Servicemembers Civil Relief Act.			

C. <input type="checkbox"/> The following party(ies) has/have concluded military service as defined in the Servicemembers Civil Relief Act. (Also, indicate the exact date that the party(ies) has/have concluded military service.)			

D. <input type="checkbox"/> I am unable to determine whether the following party(ies) is/are in military service as defined in the Servicemembers Civil Relief Act. As a result, under 50 U.S.C. § 3931(b)(3), I understand that the court, before entering a judgment, may require that I file a bond.			

2. You are **required** to state facts that support this affidavit. You **must** fill out this section and check choice "A" or "B."

A. I used the Servicemembers Civil Relief Act Website (<https://scra.dmdc.osd.mil/>) to determine the military status of the party(ies) listed in this affidavit. (You are **required** to provide your search results.)
 The results from my use of the Servicemembers Civil Relief Act Website are attached. (Required.)
 Additional facts (Optional if search results are attached): _____

B. I have NOT used the Servicemembers Civil Relief Act Website (<https://scra.dmdc.osd.mil/>) to determine the military status of the party(ies) listed in this affidavit. However, the following facts support my statement above as to the military status of the party(ies). (You are **required** to provide facts below. Please be specific.)

Note: The term "military service" includes the following: active duty service as a member of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard; service as a member of the National Guard under a call to active service authorized by the President or the Secretary of Defense for a period of more than 30 consecutive days for purposes of responding to a national emergency; active service as a commissioned officer of the Public Health Service or of the National Oceanic and Atmospheric Administration; and any period of service during which a servicemember is absent from duty on account of sickness, wounds, leave, or other lawful cause. 50 U.S.C. § 3911(2). A U.S. citizen who is serving with the forces of a nation with which the United States is allied in a war or military action may also be entitled to relief under the Servicemembers Civil Relief Act if that service is similar to the definition of "military service" discussed above. See 50 U.S.C. § 3914.

Subscribed and certified or declared to be true under penalty of perjury.

SIGNATURE	DATED
PRINT CLEARLY OR TYPE YOUR NAME, ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS	
	BEO NUMBER (FOR ATTORNEYS)

Affidavit of Indigency (fee waiver)

- There are no filing fees for any guardianship petition.
- Associated costs:
 - \$15 fee for citation.
 - \$25 for each certified copy of Letters of Appointment.
 - Cost of service of process varies (newspaper v. constable/sheriff)
 - \$75 filing fee for filing a bond *with* sureties.
- Person filing is eligible for a fee waiver if they receive public assistance.
- Person filing is also eligible if they have a net income of less than 125% of the poverty guidelines or is otherwise unable to pay any fees.
 - Supplemental to Affidavit of Indigency may be required

AFFIDAVIT OF INDIGENCYAND REQUEST FOR WAIVER, SUBSTITUTION
OR STATE PAYMENT OF FEES & COSTS

(Note: If you are **currently confined in a prison or jail** and are not seeking immediate release under G.L. c. 248 §1, but you are suing correctional staff and wish to request court payment of "normal" fees (for initial filing and service), do not use this form. Obtain separate forms from the clerk.)

Suffolk In the Interests of Roger Aaron Respondent
 Court Case Name and Number (if known)
 Name of applicant: Gretchen L. Guardian
 Address: 123 Main Street #1 Boston, MA 02111
 (Street and number) (City or town) (State and Zip)

SECTION 1: Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear (or affirm) as follows:
I AM INDIGENT in that (check only one):

(A) I receive public assistance under (check form of public assistance received):

- Transitional Aid to Families with Dependent Children (TAFDC) Medicaid (MassHealth)
 Emergency Aid to Elderly, Disabled or Children (EAEDC) Supplemental Security Income (SSI)
 Massachusetts Veterans Benefits Programs; or

(B) My income, less taxes deducted from my pay, is \$ _____ per week biweekly month year
 (check the period that applies) for a household of _____ persons, consisting of myself and _____ dependents;
 which income is at or below the court system's poverty level; (Note: The court system's poverty levels for households
 of various sizes must be posted in this courthouse. If you cannot find it, ask the clerk or check online at:
<http://www.mass.gov/courts/sjc/docs/povertyguidelines.pdf>. The court system's poverty level is updated each year.)

(List any other available household income for the checked period on this line: \$ _____); or

(C) I am unable to pay the fees and costs of this proceeding, or I am unable to do so without depriving myself
 or my dependents of the necessities of life, including food, shelter and clothing.

IF YOU CHECKED (C), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF
 INDIGENCY.

SECTION 2: (Note: In completing this form, please be as specific as possible as to fees and costs known at the time of
 filing this request. A supplementary request may be filed at a later time, if necessary.)

I request that the following **NORMAL FEES AND COSTS** be waived (not charged) by the court, or
 paid by the state, or that the court order that a document, service or object be substituted at no cost (or a
 lower cost, paid for by the state): (Check all that apply and, in any "\$ _____" blank, indicate your best
 guess as to the cost, if known.)

- Filing fee and any surcharge. \$ 15.00
 Filing fee and any surcharge for appeal. \$ _____
 Fees or costs for serving court summons, witness subpoenas or other court papers. \$ _____
 Other fees or costs of \$ _____ for (specify): service by publication; letters of appointment

Substitution (specify): _____

SECTION 3: I request that the following **EXTRA FEES AND COSTS** either be waived (not charged), substituted or
 paid for by the state:

Cost, \$ _____, of expert services for testing, examination, testimony or other assistance (specify): _____

Cost, \$ _____, of taking and/or transcribing a deposition of (specify name of person): _____

Cassette copies of tape recording of trial or other proceeding, needed to prepare appeal for applicant **not**
 represented by Committee for Public Counsel Services (CPCS-public defender).

Appeal bond

Cost, \$ _____, of preparing written transcript of trial or other proceeding

Other fees and costs, \$ _____, for (specify): _____

Substitution (specify) _____

Date signed

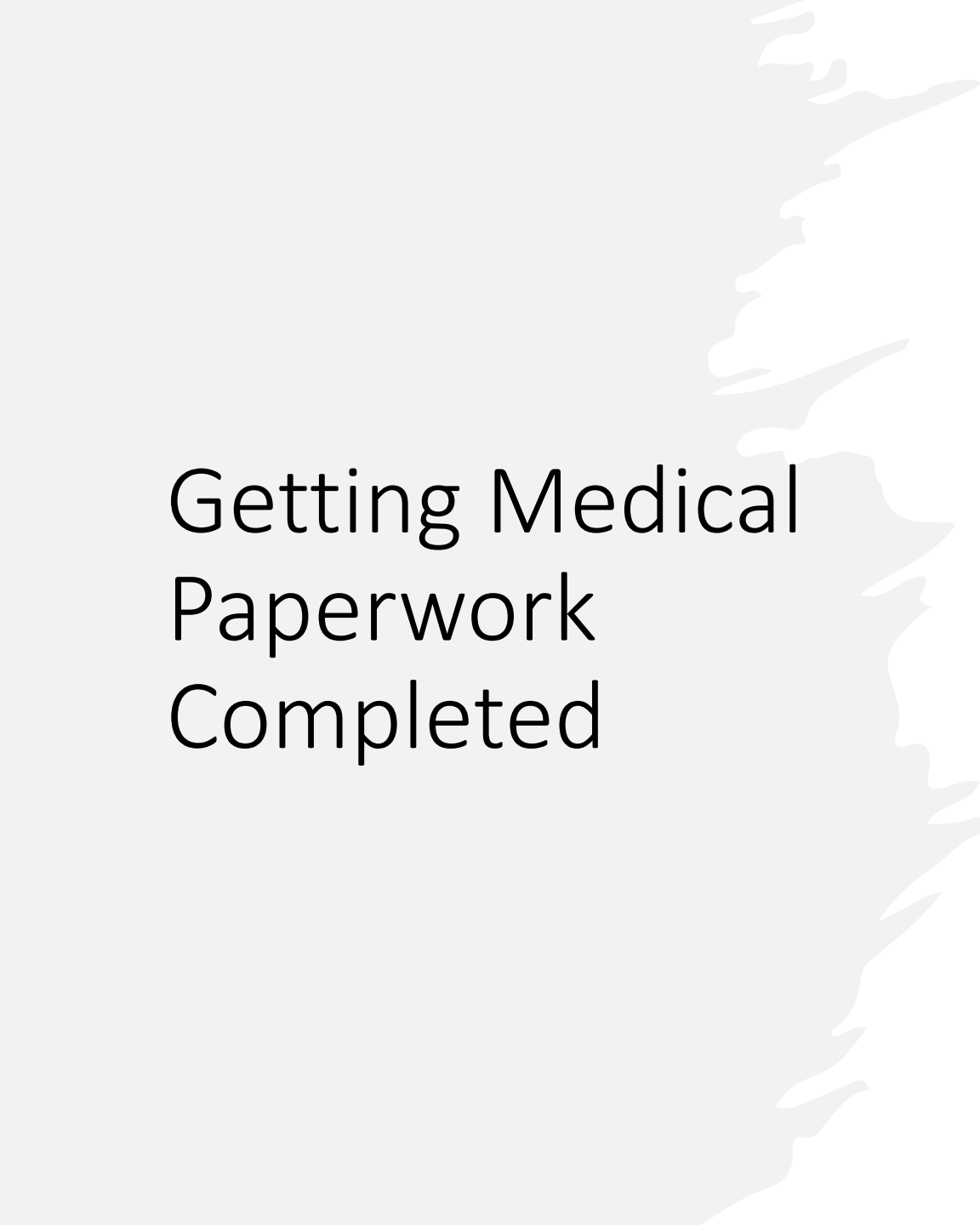
July 20, 2011

Signed under the penalties of perjury

Gretchen L. Guardian
 x

A stethoscope and a black pen are shown on a light gray background. The stethoscope is silver and has a large chest piece in the foreground. The black pen is positioned diagonally across the middle of the image. The text "Required Medical Documentation" is overlaid in white, centered on the image.

Required Medical Documentation



Getting Medical Paperwork Completed

Medical paperwork will focus on 3 elements:

1. Clinically diagnosed condition;
 2. Decisional impairment and
 3. Functional impairment.
- **Medical Certificate**: Evaluation of proposed IP must have happened within 30 days prior to filing the petition (valid only for 30 days from date of signature)
 - Fluid medical condition
 - **Clinical Team Report**:
The examination must have taken place within 180 days of the filing of the petition (valid forever, so long as was filed within 180 days of the earliest signature)
 - Intellectual disability; since birth or early childhood

Medical Certificate



- Completed and signed by a physician, licensed psychologist, psychiatric nurse, or nurse practitioner.
- Medical Certificate includes:
 - Description of person's cognitive and functional limitations;
 - Evaluation of person's mental and physical condition;
 - Prognosis for improvement and treatment recommendations; and
 - Date of examination.
- **Only valid for 30 days**

See Unif. Prob. Ct. Prac. XXII.

MEDICAL CERTIFICATE GUARDIANSHIP OR CONSERVATORSHIP	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
INSTRUCTIONS FOR COMPLETION		Middlesex Division
<p>This document will be used by the Probate and Family Court in the process of determining whether to appoint a guardian and/or conservator to assume responsibility for this individual in some or all areas of decision-making and functioning. If, however, a guardianship or conservatorship is being sought for an intellectually disabled person, do <u>not</u> use this document. A separate Clinical Team Report is required.</p>		<p><u>208 Cambridge Street</u></p> <hr/> <p><u>East Cambridge, MA 02141</u></p> <hr/> <p><u>(617) 768-5800</u></p> <hr/>

To the registered physician, licensed psychologist, certified psychiatric nurse clinical specialist or a nurse practitioner completing this document:

You must complete this document. If there is any information about which you do not have direct knowledge, you are encouraged to make inquiry of such other persons as may be necessary to complete the entire form. These persons might include other healthcare professionals and/or others acquainted with the individual (e.g., family members or social service professionals). If you receive information from others, the names of those individuals must be listed in the Certification Section and attribution identified.

If you are completing this form on the computer and additional space is required for any narrative section, the section will expand to permit additional information. Do not use medical terminology and/or abbreviations without explaining them in terms that a lay person can understand.

ALL OF THE ATTACHED PAGES AND SECTIONS CONTAINED THEREIN MUST BE COMPLETED.

To the Honorable Justices of the Probate and Family Court:

The undersigned hereby certifies under the penalties of perjury that I am:

- a registered physician specializing in the area of: neurology
- a licensed psychologist.
- a certified psychiatric nurse clinical specialist.
- a nurse practitioner with experience in the area of: _____

I am prepared to present a statement of my qualification to the Court by written affidavit or personal appearance if directed to do so.

I personally examined: Carrot Argon Cauliflower 42
First Name Middle Name Last Name (age)

who resides at 123 Main Street 1 Boston MA 02111
(Address Line 1) (Apt. Unit, No. etc.) (City/Town) (State) (Zip)

on January 24, 2020
Date(s) of Examination(s)

Prior to examination, I informed the patient that communications would not be confidential.

- Yes.
- No, Explain:

Clinical Team Report

- Used only when the Respondent has an intellectual disability
- Completed and signed by:
 - a licensed physician
 - psychologist, ***and***
 - social workerexperienced in the evaluation of intellectually disabled persons.

Mass. Gen. Laws c. 190B, § 5-303.

- Must file Petition within **180 days** of earliest examination
- See “Instructions for completing the Clinical Team Report for Guardianship or Conservatorship.”



CLINICAL TEAM REPORT	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
	INSTRUCTIONS FOR COMPLETION	
This document will be used by the Probate and Family Court in the process of determining whether to appoint a guardian and/or conservator to assume responsibility for an individual with an intellectual disability. A licensed psychologist, registered physician, and licensed social worker, each of whom is experienced in the evaluation of persons with an intellectual disability, must complete this form.	Suffolk	Division
	24 New Chardon Street	
	Boston, MA 02114	
	(617) 788-8300	

To the licensed psychologist, registered physician, and licensed social worker completing this document:

You must complete this document. If there is any information about which you do not have direct knowledge, you are encouraged to make inquiry of such persons as may be necessary to complete the entire form. These might include other healthcare professionals and/or others acquainted with the individual (e.g. family members or social service professionals). Identify sources of written or oral information under Section 1.

If you are completing this form on the computer and additional space is required for any narrative section, the section will expand to permit additional information. Do not use medical terminology and/or abbreviations without explaining them in terms that a lay person can understand.

ALL PAGES AND SECTIONS CONTAINED HEREIN MUST BE COMPLETED

To the Honorable Justices of the Probate and Family Court:

The clinicians listed below in section 8 hereby certify under the penalties of perjury that they:

- are licensed by the Commonwealth of Massachusetts and are experienced in evaluation of persons with an intellectual disability;
- personally examined Ras Persimmon Berry 19
First Name Middle Name Last Name Age
 who resides at 24 Sauce St. 3 Boston MA 02110
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Dates of Examination(s):

Licensed psychologist on: 12/17/2019
Date(s) of Examination(s)

Registered physician specializing in Neurology on 1/10/2020
Area of specialty Date(s) of Examination(s)

Licensed social worker on: 10/24/2019 & 12/30/2019
Date(s) of Examination(s)

The undersigned are prepared to present a statement of qualifications to the Court by written affidavit or personal appearance if directed to do so.

Prior to examination, the individual was informed that communications would not be confidential.

Yes No

Explain:

Ras Berry was non-responsive, however, Ras's mother was informed that the observations and interviews collected would be part of a report to be presented.

1. CERTIFICATION OF METHODS OF EVALUATION

This form was completed based on an in-person clinical evaluation of the individual.

In addition to a clinical examination, other sources of information for this examination:

- Review of intellectual, adaptive and other relevant evaluations;
- Discussion with professionals involved in the individual's care;
- Discussion with family or friends;



Medical Certificate Affidavit

- A Medical Certificate Affidavit Form **may only be used** to obtain or continue a temporary guardianship.
 - It can be used to obtain permanent guardianship only if the IP's counsel does not object.
- It is used to replace an expired Medical Certificate, which expires after thirty (30) days.
- Must be signed by same persons qualified to sign a Medical Certificate.
- IP must be medically stable.

Standing Order 2-10.

MEDICAL CERTIFICATE AFFIDAVIT	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
	<p>The purpose of this affidavit is to obviate the need for a new medical certificate for patients who have been and continue to be medically stable as indicated on the most recently filed Medical Certificate, particularly Part I, A & B. This may not be used at the time of a permanent appointment unless counsel for the Incapacitated or Protected Person has been appointed and does not object to its use.</p>	
		<u>Middlesex</u> Division

To the Honorable Justices of the Probate and Family Court:

The undersigned hereby certifies under the penalties of perjury that:

I am:

- a registered physician specializing in the area of: Neurology
- a licensed psychologist.
- a certified psychiatric nurse clinical specialist.
- a nurse practitioner with experience in the area of: _____

I personally examined: Carrot Argon Cauliflower 18
First Name Middle Name Last Name (age)
 on 8/2/2019 and reviewed the most recently filed medical certificate
Date(s) of Examination(s)
 dated _____

Based upon this examination and review, I certify that the prior diagnosis and statements regarding decision-making and functional abilities contained in the most recently filed medical certificate continue to be true and accurate and are incorporated and merged herein.

The individual is presently under my continuous care, with regular treatment and observation since _____
(date)

There have been no significant changes in the individual's diagnoses, decision-making, or functional abilities in the interim period.

The individual has resided in the same setting and has had no acute medical admissions in the interim period or, if there has been a medical admission, this admission did not affect the individual's prior diagnosis, decision-making or functional abilities.

I hereby certify that the evaluation of diagnosis, cognition, and function is within the scope of my professional competence based upon my education, training, and experience. I further certify that this report is complete and accurate to the best of my information and belief.

Signed under the penalties of perjury:

SIGNATURE OF CLINICIAN
Pine Tree
(Print name)
 Date Aug 2, 2019

License type, number, and date
XXXX
License type, number, and date
 Office Address: 123 Random Ln. FL 4 MA 01702
(Address Line 1) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)
 Office Phone: (908) 786-7654

Impoundment

Guardianship court files are open to the public.

Clinical Team Reports, Medical Certificates and Physician's Affidavits are impounded by the Court and kept in a separate file.

A person can file a "Request of Interested Party to Access Impounded Medical Information."

If a petition for guardianship is denied, the entire file is impounded.

Mass. Gen. Laws c. 190B, § 5-303(b)(12).

Appointment of Counsel for Any Respondent



**Court must appoint
counsel for the
Respondent if:**

the Respondent, or
someone on
his/her behalf,
requests
appointment of
counsel

or

the Court
determines that
the respondent's
interests "are or
may be
inadequately
represented."



**Court appoints
when special
authority requested**



**Anyone can file a
"Request for
Counsel."**



**Mass. Gen. Laws c.
190B, § 5-106.**



SUBSTITUTED JUDGMENT CASES (ROGERS GUARDIANSHIPS)

- Where a guardianship is sought including a request for special authority which requires substituted judgment
- For extraordinary measures that are considered particularly intrusive, risky or restrictive of the IP's personal liberty
- Court only authorizes treatment to which the IP would consent if IP was competent, taking into account all of the factors and concerns
- Counsel will be appointed for the IP
- Additional medical documents: Clinician's Affidavit and Medical Certificate (if previous has expired)



SUBSTITUTED JUDGMENT CASES (ROGERS GUARDIANSHIPS) - continued

- Case law has come down with a list of such treatments/procedures:
 - **Antipsychotic medication-** *Guardianship of Roe*, 383 Mass. 415 (1981); *Rogers v. Commissioner of DMH*, 390 Mass. 489 (1983)
 - **Sterilizations-** *In re Moe*, 385 Mass. 555 (1982)
 - **Abortion-** *In re Moe*, 31 Mass. App. Ct. 473 (1991)
 - **Initiation or removal of life-sustaining mechanisms-** *Brophy v. New England Sinai Hosp.*, 398 Mass. 417 (1986) (nutrition and hydration); *In re Spring*, 380 Mass. 629 (1980) (renal dialysis); *Superintendent of Belchertown State Sch. v. Saikewicz*, 373 Mass. 728 (1977) (chemotherapy)
 - Except not required for DNR where all agree & family making decisions (*Dinnerstein*, 6 Mass App Ct 466 (1978))
 - **Electroconvulsive therapy or psychosurgery-** no case law but see DMH regulations (104 C.M.R. § 27.10(1)(b))



SUBSTITUTED JUDGMENT CASES (ROGERS GUARDIANSHIPS) - continued

- The most common substituted judgment authority requested: the administration of antipsychotic medication(s)
- Person appointed as Rogers monitor could be the same as the guardian or someone else (sometimes a professional is appointed)
- Judge signs Findings of Fact & Conclusions of Law and a Treatment Plan lasting only one year- the authority only lasts for one year and has to be renewed annually
- The date of expiration of the Treatment Plan is the court date next year
- If all annual extension paperwork filed with the Court prior to the date, can be administratively allowed

A close-up, slightly blurred photograph of a stack of papers and folders. A prominent green tab is visible among the papers. The entire image is overlaid with a semi-transparent dark grey box. Centered within this box is the text "3. Post-filing stage" in a white, sans-serif font.

3. Post-filing stage

Assents



Interested persons can sign the back of the petition to indicate their assent (would be pre-filing)



Interested persons can also sign a separate general assent.

Respondent's Right to Attend Hearing

Respondent has right to:

Be present;

Be
represented
by counsel;

Present
evidence;

Cross-
examine all
witnesses;
and

Request
that the
hearing be
closed.

Mass. Gen. Laws c. 190B, §
5-106.

Objections



An interested person may file an objection to temporary or permanent guardianship by filing an “Appearance and Objection.” Mass. Gen. Laws c. 190B, §§ 5-203, 5-304.



If objections arise, case becomes contested.

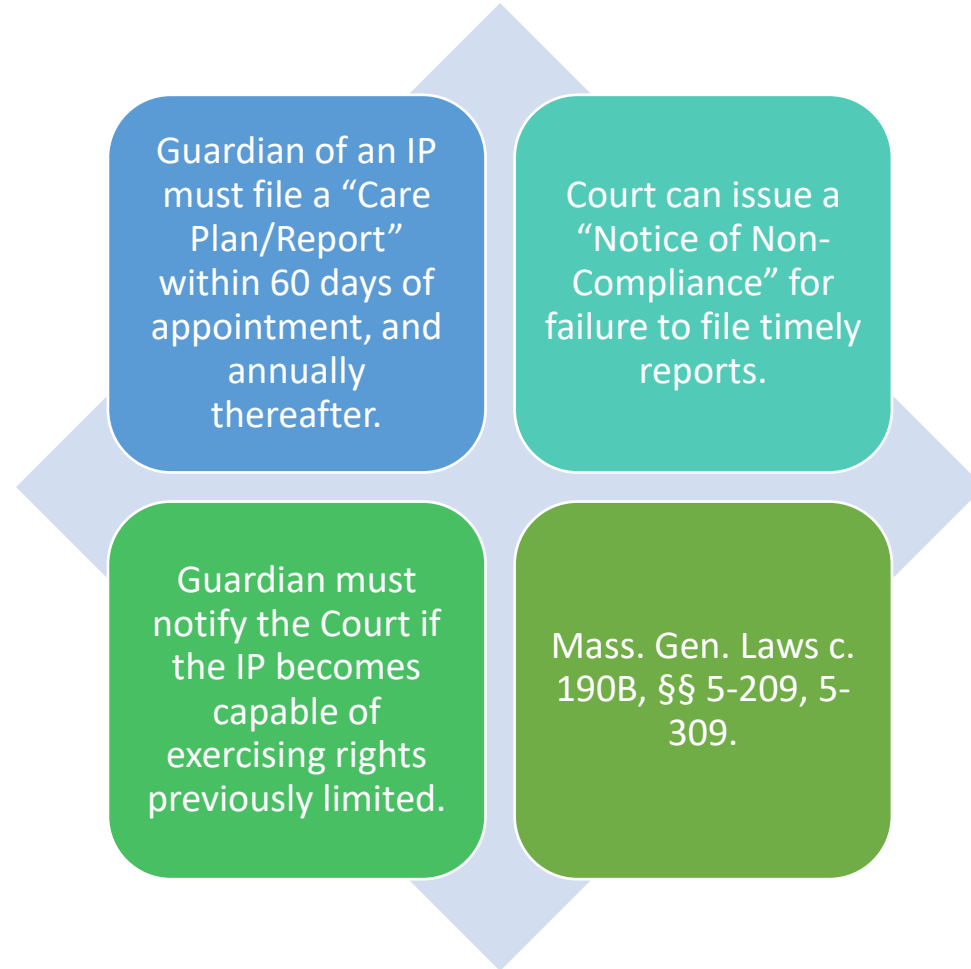


Most contested cases settle!

**POST-GUARDIANSHIP
APPOINTMENT
MONITORING**



Monitoring by Court





Termination of Permanent Guardianship

Guardianship terminates upon:

- Death of guardian or IP;
- Resignation of guardian (with Court approval);
- Removal of guardian by Court, upon filing of petition by respondent or any person interested in the welfare of the respondent; or
- Termination of guardianship because determination that IP is no longer incapacitated.

Mass. Gen. Laws c. 190B, §§ 5-210, 5-310.

Finding the Forms and the Law



Guardianship Forms

- Forms available online:
 - <http://www.mass.gov/courts/forms/pfc/upc-guardianship-of-adults-and-conservatorship.html>

Governing Statute

- Massachusetts Uniform Probate Code.
- Effective July 1, 2009.
- Mass. Gen. Laws c. 190B.
- Statute can be found at:

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter190B/ArticleV>

Volunteer Lawyers Project Guardianship Clinics

Suffolk County

1st and 3rd Wednesdays of month

9-1

Court Service Center, Edward Brooke Courthouse,
2nd floor (24 New Chardon St., Boston)

Middlesex County

2nd and 4th Thursday of month

10-1

Main Atrium, Middlesex Probate & Family Court,
2nd floor (10-U Commerce Way, Woburn)

DURING COVID19:

- VLP is conducting virtual clinics every 2nd and 4th Wednesdays of month from 9:00am – 2:00pm via Zoom

Other Resources

Lawyer for the Day Program (by County)

- *Barnstable County*: <https://barnstablebarassociation.org/legal-assistance-info>
- *Berkshire County*: [Berkshire Probate and Family Court lawyer for the day | Mass.gov](https://www.mass.gov/location-details/berkshire-probate-and-family-court-lawyer-for-the-day)
- *Bristol County*: <https://www.bristolcountyprobate.org/>
- *Dukes County*: <https://www.mass.gov/locations/dukes-probate-and-family-court>
- *Essex County*: <https://www.mass.gov/location-details/essex-probate-and-family-court-lawyer-for-the-day>
- *Hampden County*: <https://www.hcbarlegalclinic.org/what-we-do>
- *Hampshire County*: <https://www.mass.gov/location-details/hampshire-probate-and-family-court-lawyer-for-the-day>
- *Middlesex County*: <https://www.mass.gov/location-details/middlesex-probate-and-family-court-lawyer-for-the-day>
- *Nantucket County*: <https://www.mass.gov/location-details/nantucket-probate-and-family-court-lawyer-for-the-day>
- *Norfolk County*: <https://www.mass.gov/location-details/norfolk-probate-and-family-court-lawyer-for-the-day>
- *Plymouth County*: <https://www.mass.gov/location-details/brockton-probate-and-family-court-lawyer-for-the-day>
- *Suffolk County*: <https://www.mass.gov/location-details/suffolk-probate-and-family-court-lawyer-for-the-day>
- *Worcester County*: <https://www.mass.gov/location-details/worcester-probate-and-family-court-lawyer-for-the-day>

MA Legal Resource Finder

<https://masslrf.org/en/home>

Masslegalhelp.org

<https://masslegalhelp.org/children-and-families/guardians-and-other-caregivers>

Trial Court Resources

Court Service Centers

<https://www.mass.gov/orgs/court-service-centers>

Trial Court Law Libraries

<https://www.mass.gov/ask-a-law-librarian>

For more trainings on Guardianships, please visit...



Alternatives to Guardianships

What to know before seeking guardianship of your loved one

Presenters: Tanasia White, Esq. (De Novo)
Geraldine Gruvis-Pizarro, Esq. (Volunteer Lawyers Project)

Video:

<https://www.youtube.com/watch?v=i2ILWaMNVnc>

Slides:

<https://www.masslegalhelp.org/family/Alternatives%20to%2520Guardianships%25201.25.23.pdf>



Guardianships of Minors

Carolin Hetzner (*Court Service Centers*)
Irit Tau-Webber (*Community Legal Aid*)
Moderated by Tanasia White (*De Novo*)

Video:

<https://www.youtube.com/watch?v=jHe2zF040Q8>

Slides:

<https://www.masslegalhelp.org/family/Guardianships%2520of%2520Minors%25204.27.23.pdf>



QUESTIONS?