

WARNING: IF YOUR NAME APPEARS IN ITEM 4, THIS PROCEEDING MAY RESULT IN SEVERE LIMITATIONS UPON YOUR PERSONAL LIBERTY.

# STATE OF MAINE

\_\_\_\_\_ COUNTY PROBATE COURT

DOCKET NO. \_\_\_\_\_

In Re \_\_\_\_\_  
Incapacitated Person

PETITION FOR APPOINTMENT  
OF GUARDIAN FOR  
INCAPACITATED PERSON

1. Name, address and telephone number of petitioner:
2. Name, address and telephone number of nominee to become guardian: (If same as item 1, enter "same.")
3. Date of birth of person listed in item 2, and relationship of such person to the incapacitated person, or, in the alternative, describe the official purpose and scope of services furnished by the institution listed in item 2: <sup>1</sup>
4. Name and residence address of incapacitated person:<sup>2</sup>
5. Current location of incapacitated person: (If same as item 4, enter "same.")
6. Date of birth of incapacitated person if known – if birthdate is not known, give approximate age in years:

7. Names and addresses of all persons who must be notified, including the incapacitated person and the relationship of each person to the incapacitated person:<sup>3</sup> (Use separate sheet if necessary.) The following must be notified: the person alleged to be incapacitated and his spouse, domestic partner, parents and all adult children; any person currently serving as his guardian or conservator or who has his care and custody; the closest adult relative who can be found if he has no spouse, domestic partner, parent or adult child; an adult friend if no spouse, domestic partner, parent or adult child can be found; and the director or chief executive officer of the institution where the allegedly incapacitated person resides or is present.

NAME	ADDRESS	RELATIONSHIP
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8. Any person listed in item 7 other than the incapacitated person may waive notice and hearing and agree to this appointment by signing here.

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9. Is a temporary guardian required?  Yes  No. If yes, state here the reasons why and the name and address of the suggested temporary guardian. An affidavit setting forth the factual basis for the emergency and the specific powers requested is required.<sup>4</sup>

10. State name of examining physician and/or licensed psychologist and date, not later than 10 days before the hearing, when his written report will be filed with the Court.<sup>5</sup>



NOTE: All required reports and plans must be filed at least 10 days prior to any hearing on this petition.<sup>12</sup>

The petitioner believes that the person alleged in this petition to be incapacitated is impaired to the extent that he lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his person and that the appointment of a guardian is necessary or desirable as a means of providing continuing care and supervision of the person of the proposed ward.

Dated \_\_\_\_\_

\_\_\_\_\_  
Petitioner or Attorney

\_\_\_\_\_  
“Every pleading of a party represented by an attorney shall be signed by at least one attorney of record in his individual name.” See Rule 11.

Name, address, telephone number and Bar Registration  
Number of Attorney for petitioner, if any:

Attorneys appearing for other parties  
Name of attorney

Name of party

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> See 18-A MRSA § 5-311 for priority of persons who may serve as guardian.

<sup>2</sup> The address listed here or in item 5 must be in this county to establish venue. See 18-A MRSA § 5-302.

<sup>3</sup> The following must be notified: See 18-A MRSA § 5-309(c)

- (1) The person alleged to be incapacitated and his spouse, domestic partner, parents and all adult children;
- (2) Any person currently serving as his guardian or conservator or who has his care and custody;
- (3) The closest adult relative who can be found if he has no spouse, domestic partner, parent or adult child. See 18-A MRSA § 5-309. A sample “reason” for notice would read: “current custodian.”;
- (4) An adult friend if no spouse, domestic partner, parent or adult child can be found;
- (5) The director or chief executive officer of the institution where the allegedly incapacitated person resides or is present. See Rule 4(d)(1)(D) of the MRPP.

<sup>4</sup> See 18-A MRSA § 5-310-A.

<sup>5</sup> Report submitted shall provide a diagnoses, a description of the person’s actual mental and functional limitations and prognoses. Said report shall be filed at least 10 days prior to the hearing. See 18-A MRSA § 5-303(b) and (d).

<sup>6</sup> See 18-A MRSA § 5-303(b).

<sup>7</sup> See 18-A MRSA § 5-303 (b). Visitor, guardian ad litem, or attorney shall be appointed unless incapacitated person has counsel or will attend hearing, or appointment will serve no useful purpose.

<sup>8</sup> See 18-A MRSA § 5-309(b)

<sup>9</sup> See 18-A MRSA § 5-303(a). The plan must be filed at least 10 days before hearing. See 18-A MRSA § 5-303(d).

<sup>10</sup> See 18-A MRSA § 5-101 for definition of incapacitated person.

<sup>11</sup> See 18-A MRSA § 5-105, 5-304(a).

<sup>12</sup> See 18-A MRSA § 5-303(d).

I certify that no alteration has been made to the official form as most recently approved and promulgated by the Supreme Judicial Court. I also certify that I have met the standards under M.R.Prob.P. 84(b).

\_\_\_\_\_  
Preparer Signature

\_\_\_\_\_  
Typed or Printed Name of Preparer

MARP