



4. Describe how the incapacitated person's social needs will be met:

5. Describe how the incapacitated person will continue to maintain contact with relatives and friends:

6. Describe any other special needs of the incapacitated person and how such needs will be met:

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature-Nominee

<sup>1</sup> See 18-A MRSA § 5-303(a). This plan shall be submitted to the court and all parties of record at least 10 days before any hearing on the petition. 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