

# STATE OF MAINE

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

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

In Re: \_\_\_\_\_  
Respondent

PETITION FOR APPOINTMENT OF  
 GUARDIAN  
 SUCCESSOR GUARDIAN  
FOR ADULT

1. Full legal name, address and email address of Petitioner or Petitioners (designate both physical and mailing address, if applicable):

2. Relationship of each Petitioner to Respondent (i.e. individual for whom guardianship is sought) and the interest in the appointment:

3. Full legal name and address for each nominee to become guardian or successor guardian (If same as item 1, enter "same"):

4. Full legal name, address and current location of Respondent, as well as address of dwelling where Respondent will reside if this Petition is granted (designate both physical and mailing addresses, if applicable):

5. Age of the Respondent (approximate age if exact age is unknown):

6. Relationship of each nominee to become guardian or successor guardian to the Respondent:

7. Names and addresses of all persons who must be notified, including the Respondent, as well as the relationship of each person to the Respondent<sup>1</sup> (Attach additional sheet, if necessary). The Respondent must be notified with a copy of this petition and notice of the hearing. The following must be notified of the hearing on this petition, if applicable: (a) spouse or domestic partner, or, if no spouse or domestic partner, any adult with whom the Respondent has shared household responsibilities for more than 6 months in the 12-month period before filing the Petition; (b) all adult children or, if no adult children, each living parent and sibling of the Respondent or, if no adult children, parents or siblings, at least one adult nearest in kinship to the Respondent who can be found with reasonable diligence; (c) adult stepchildren whom the Respondent actively parented during the stepchildren's minor years and with whom the Respondent had an ongoing relationship within 2 years before filing of the Petition; (d) any person responsible for the care or custody of the Respondent; (e) any attorney for the Respondent; (f) the Representative Payee appointed by the U.S. Social Security Administration for the Respondent; (g) any guardian or



8. Is an emergency guardian requested?<sup>2</sup> YES  NO  If yes, please provide name and address of the suggested emergency guardian. (Note: Petitioner must also file the Affidavit of Emergency Guardianship concurrently with this Petition setting forth the factual basis for the emergency, the specific powers requested and proof of notice pursuant to 18-C M.R.S. § 5-312(3)).

9. Does Petitioner seek a limited or full guardianship? LIMITED  FULL  If full guardianship is sought, provide a description as to why limited guardianship or a protective arrangement instead of guardianship is inappropriate. If limited guardianship is sought, provide a list of the powers to be granted to the guardian.

10. Provide a description of the following: (a) nature and extent of Respondent's alleged need; (b) any protective arrangement or less restrictive alternatives that have been considered or implemented; (c) if no protective arrangements or less restrictive alternatives have been considered or implemented, the reason they have not been considered or implemented; and (d) the reason a protective arrangement or less restrictive alternatives are insufficient to meet the Respondent's alleged need:

11. Provide a description of why each nominee guardian or successor guardian should be appointed.<sup>3</sup>

12. Is Respondent currently represented by an attorney? YES  NO  If yes, provide name and address of attorney.

13. Provide names and current addresses, if known, of any person with whom the Petitioner seeks to limit the Respondent's contact (if any):

Name	Address

14. If the Respondent has property other than personal effects, provide a general statement of the Respondent's property with an estimate of its value, including any insurance or pension amounts, as well as the source and amount of any other anticipated income or receipts of the Respondent:

<u>ASSET</u>	<u>ESTIMATED VALUE</u>

15. Does Respondent require an interpreter, translator or other form of support to communicate effectively with the Court or understand Court proceedings? YES  NO

16. Has any nominee guardian or successor guardian been a debtor in a bankruptcy, insolvency or receivership proceeding?<sup>4</sup> YES  NO

17. Has any nominee guardian or successor guardian been convicted of any of the following: (a) a felony; (b) a crime involving dishonesty, neglect, violence or use of physical force; or (c) any other crime relevant to the functions the individual would assume as guardian?<sup>5</sup> YES  NO

The Petitioner believes that the Respondent lacks the ability to meet essential requirements for physical health, safety or self-care because: (1) the Respondent is unable to receive and evaluate information or make or communicate decisions, even with appropriate supportive services, technological assistance or supported decision making that provide adequate protection for the Respondent; (2) the Respondent's identified needs cannot be met by a protective arrangement instead of guardianship or other less restrictive means; and (3) the appointment is necessary or desirable as a means of enabling the Respondent to meet essential requirements for physical health, safety or self-care.

Dated \_\_\_\_\_

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

\_\_\_\_\_  
Co-Petitioner (if any)

\_\_\_\_\_  
Attorney (Required by Rule 11)

Attorney for Petitioner(s), if any:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Maine Bar Number

\_\_\_\_\_  
Email Address

<sup>1</sup> 18-C M.R.S. §§ 5-302(2)(B) and 5-302(2)(C).

<sup>2</sup> 18-C M.R.S. § 5-312.

<sup>3</sup> 18-C M.R.S. § 5-309(2), (3).

<sup>4</sup> 18-C M.R.S. § 5-117.

<sup>5</sup> 18-C M.R.S. § 5-117.