

STATE OF MAINE

_____ COUNTY PROBATE COURT

DOCKET NO. _____

In Re: _____
Incapacitated Person/Protected Person

PETITION FOR:

- () APPOINTMENT OF SUCCESSOR
GUARDIAN
- () APPOINTMENT OF SUCCESSOR
CONSERVATOR

1. Name, address and telephone number of petitioner:

2. Interest of petitioner:

3. Name and residence address of the incapacitated/protected person:

4. Current location of incapacitated/protected person: (If same as item 3, enter "same".)

5. Petitioner believes:
 - _____ a. A successor guardian should be appointed for the following reasons:

 - _____ b. A successor conservator should be appointed for the following reasons:

6. Name, address, qualification and priority of nominee to become successor guardian:

7. Has nominee attached an acceptance of appointment?

8. Petitioner believes that a (full) (limited) guardianship continues to be necessary in this case.³

9. Name, address, qualifications and priority of nominee to become successor conservator:"

10. Has nominee attached an acceptance of appointment?

11. Is a bond attached? Yes No. If no, explain why not.⁵

12. Petitioner believes that the conservator's powers should continue as provided by law, unless an expansion or limitation is requested here.⁶

13. Is ward/protected person currently represented by counsel? Yes No.⁷ If yes, state name, address and telephone number of said counsel. If no, a visitor will be appointed by the Court.

14. Does the petitioner request that the Court order that notice be served on the incapacitated/protected person by the Visitor? Yes No.⁸

15. Names and addresses of all persons who must be notified, including the incapacitated/protected person and the relationship of each such person to the ward/protected person: (Use separate sheet if necessary.)⁹

16. Is a temporary guardian required?" Yes No. If yes, state here the reasons why and the name and address of the suggested temporary guardian.

Petitioner requests that the Court determine the appointment of a successor guardian and/or conservator continues to be necessary and desirable; make the appointments prayed for and let letters of appointment issue to the successor guardian and/or successor conservator.

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 and telephone number of attorney for petitioner, if any

Attorneys appearing for other parties
Name of attorney

Name of party

Date filed _____

Hearing set in this Court for _____ at _____ and notice sent or notice forms given to petitioner for service."

Dated _____

Register of Probate

¹ The address listed here or in item 4 must be in this county to establish venue. See 18-A MRSA § 5-302.

² See 18-A MRSA § 5-311 for **priority** of person. who may serve as successor guardian.

³ See 18-A MRSA § 5-105.

⁴ See 18-A MRSA § 5-410.

⁵ See 18-A MRSA § 5-411; § 5-412.

⁶ See 18-A MRSA § 5-424; §5-425; § 5-426.

⁷ See 18-A MRSA § 5-303(b) and (c); § 5-407(b) and (b-1).

⁸ See 18-A MRSA § 5-309(b); § 5-405(a).

⁹ The following must be notified: See 18-A MRSA §§ 5-309 and 5-405.

(1) The person alleged to be **incapacitated/needng** protection his spouse, 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, parent **or** adult child;

(4) An adult friend, if no spouse, parent or adult child can be found;

(5) The director or chief executive officer of the institution where the allegedly incapacitated **person/protected** person resides. See Rule 4(d)(1)(D) of the MRPP;

(6) Any governmental agency paying or planning to pay benefits to the person to be protected. (i.e. Social Security Administration; Veterans Administration **etc.**) See 18-A MRSA § 5-406.

¹⁰ See 18-A MRSA § 5-310.

¹¹ See 18-A MRSA § 5-309(b) and (c) and § 5-405(a) and (a-1) for method of service required.