

# STATE OF MAINE

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

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

**In Re:** \_\_\_\_\_ **GUARDIANSHIP PLAN'**  
**Incapacitated Person/Protected Person**

1. Describe current and foreseeable future living arrangements of the incapacitated person:
2. Describe how the incapacitated person's medical, psychiatric and remedial needs will be met:
3. Describe how the incapacitated person's financial needs will be met:

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).