

Commonwealth of Massachusetts

The Trial Court

Bristol Division

Probate and Family Court Department

Docket No. _____

AFFIDAVIT FOR TEMPORARY GUARDIANSHIP

Guardianship of _____

I / We, _____ Of _____
Print Name(s)

hereby state that:

1. On or about _____, the situation of the proposed ward which
Date
requires emergency attention is _____

2. The petitioner(s) seek(s) to avoid the particular harm of: _____

3. The actions with regard to the proposed ward which are reasonably necessary to avoid the occurrence
of that harm are: _____

4. Check one of the following: (NOT applicable to minors)

- checkbox The proposed ward has executed a Health Care Proxy and/or a Durable Power of Attorney (copy attached)
checkbox The proposed ward has not executed a Health Care Proxy and/or a Durable Power of Attorney
checkbox I have been unable to determine if the proposed ward has executed a Health Care Proxy and/or a Durable Power of Attorney

Signed this _____ day of _____ 20 _____, under the penalties of perjury.

Signature(s)