

STATE OF VERMONT

SUPERIOR COURT
Unit

PROBATE DIVISION
Docket No.:

In re Guardianship of :

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PETITION TO APPOINT GUARDIAN FOR AN ADULT (Involuntary)

I ask the court to appoint a guardian or a limited guardian for

_____ *Name of Respondent*

In support of this request, I state:

1. Information about the person in need of a guardian:

<i>Name of Respondent</i>	<i>DOB</i>	<i>Age</i> ¹	
<i>Street Address</i>	<i>Town</i>	<i>State</i>	<i>Zip</i>
<i>Mailing Address if different</i>	<i>Phone Number</i>		
<i>Current Location of Respondent if Different from Above</i>			

2. Reason for Guardianship

A guardianship is necessary because Respondent is unable to manage, without the supervision of a guardian, some or all aspects of his or her personal or financial affairs as a result of:

- ☐ Significantly sub-average intellectual functioning which exists concurrently with deficits in adaptive behavior; **and/or**
- ☐ A physical or mental condition that results in significantly impaired cognitive functioning which grossly impairs judgment, behavior, or the capacity to recognize reality.

Under Vermont law, guardianship shall be utilized only as necessary to promote the well-being of the individual and to protect the individual from violations of his or her human and civil rights. It shall be designed to encourage the development and maintenance of maximum self-reliance and independence in the individual and only the least restrictive form of guardianship shall be ordered to the extent required by the individual's actual mental and adaptive limitations. The State of Vermont recognizes the fundamental right of an adult with capacity to determine the extent of health care the individual will receive. 14 V.S.A. §3060

¹ Respondent must be at least 18 years old or within four months of his/her 18th birthday.

3. Existing or Pending Guardianships

- ☐ There is no guardian, limited guardian or pending guardianship proceeding for the Respondent in this state or any other state.
- ☐ There is an existing guardian or limited guardian for the Respondent.

Please provide the following information

Name of Guardian	Type of Guardianship
Mailing Address	
County and State where case was filed	<input type="checkbox"/> Copy of Appointment is attached

- ☐ There is a pending guardianship proceeding.

Please provide the following information

County and State where action is filed	Docket Number
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4. Advance Directives and Powers of Attorney

- ☐ To my knowledge, Respondent does not have an advance directive.
- ☐ Respondent has an advance directive

Please provide the following information

Name of Agent
Mailing Address
<input type="checkbox"/> Copy of Directive is attached

- ☐ To my knowledge Respondent does not have a power of attorney
- ☐ Respondent has a power of attorney

Please provide the following information

Name of Agent
Mailing Address
<input type="checkbox"/> Copy of Power of Attorney is attached

5. Relationship of Petitioner to Respondent

My relationship to the Respondent is:

- | | |
|---|--|
| <input type="checkbox"/> Relative _____ | <input type="checkbox"/> Friend/Neighbor |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Public Official |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Other _____ |

6. Reason to Appoint a Guardian

The specific reasons that I am seeking a guardianship for the Respondent are as follows:

Describe your reasons. Please be specific about the facts that support your request.

7. Nomination of Guardian

- ☐ I ask that the Court appoint me as guardian
- ☐ I ask that the Court appoint another person as guardian

Please provide the following information. If you are proposing more than one guardian, provide information about the co-guardian in 7A below.	Name of proposed guardian	
	Mailing Address	
	Relationship between proposed guardian and Respondent:	
	<input type="checkbox"/> Relative _____ <input type="checkbox"/> Social Worker <input type="checkbox"/> Physician	<input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Public Official <input type="checkbox"/> Other _____

7A. Nomination of Co-Guardian

- ☐ I am not requesting a co-guardian.
- ☐ I am requesting a co-guardian whose information is below.

Please provide the following information about the proposed co-guardian.	Name of proposed co-guardian	
	Mailing Address	
	Relationship between proposed co-guardian and Respondent:	
	<input type="checkbox"/> Relative _____ <input type="checkbox"/> Social Worker <input type="checkbox"/> Physician	<input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Public Official <input type="checkbox"/> Other _____

8. Proposed Guardianship Powers

I ask that the Guardian be given the following powers:

- ☐ to have general supervision over the Respondent, including care, habilitation, education, employment and choosing or changing where the Respondent lives, subject to the requirements of 14 V.S.A. §§2691, 3073 and 3074;
- ☐ to seek, approve or refuse medical or dental treatment, subject to the provisions of 14 V.S.A. §3075 and any constitutional right of the Respondent to refuse treatment;
- ☐ to supervise Respondent's income and resources;
- ☐ to approve or withhold approval of any contract Respondent wishes to make, except a contract for basic needs;
- ☐ to approve or withhold approval of the sale, lease or encumbrance of Respondent's real property subject to the provisions of 14 V.S.A. §2881 – 2891;
- ☐ to seek legal advice and to start or defend against a court action in Respondent's name.

9. Alternatives to Guardianship

I have considered the following alternatives to guardianship:

Describe each alternative (e.g. power of attorney, representative payee, etc.) you have considered and explain why it is unsuitable.

10. Evaluation of Respondent

I understand that the Court must order an evaluation of the Respondent at the Respondent's expense unless the Respondent is indigent. The evaluation must be performed by someone who has specific training and demonstrated competence to evaluate a person in need of guardianship. The evaluation shall be completed within 30 days of the filing of the petition with the court unless the time period is extended by the court for cause.

☐ I propose that the following person perform the evaluation of the Respondent:

**Please provide
the following
information**

<i>Name of Proposed Evaluator</i>
<i>Mailing Address</i>
<i>Phone Number</i>

11. Attorney for Respondent

I understand that the Court must appoint an attorney to represent the respondent in this proceeding.

- ☐ Respondent does not have an attorney
- ☐ Respondent is currently represented by an attorney whose name and contact information are as follows:

**Please provide
the following
information**

<i>Name of Proposed Attorney</i>
<i>Mailing Address</i>
<i>Phone Number</i>

Date

Signature of Petitioner

Petitioner's Mailing Address
Petitioner's Phone Number

GUARDIAN'S CONSENT

I consent to be appointed guardian of :

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Date

Signature of Proposed Guardian

Guardian's Mailing Address
Guardian's Telephone Number

CO-GUARDIAN'S CONSENT

I consent to be appointed co-guardian of :

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Date

Signature of Proposed Guardian

Guardian's Mailing Address
Guardian's Telephone Number

Attachments:

- Filing fee payable to the Vermont Superior Court, Probate Division
- List of Interested Persons (Form no. PG 73)
- Statement of Respondent's Assets and Income (Form no. PG 72)
- Copy of advance directive, power of attorney or appointment of guardian
- A consent signed by the proposed guardian sufficient to allow a background check.