

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Docket No.

In re:

PETITION TO APPOINT GUARDIAN FOR AN ADULT
(Voluntary)

I, _____ request the Court to appoint a guardian pursuant to 14 V.S.A. § 2671 to
Name of Petitioner

assist me in the management of my affairs. In support of this petition, I state:

1. I am 18 years old or older. My date of birth is _____;
2. I understand the nature, extent and consequences of the guardianship;
3. I understand how the guardianship can be ended;
4. I ask that _____ | _____ be appointed to act as my
Name of Proposed Guardian *Name of Proposed Co-Guardian*

guardian with the following powers (check all that apply):

- ☐ to have general supervision over me, including my care, habilitation, education, employment and choosing or changing where I live, 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 mine to refuse treatment;
 - ☐ to supervise my income and resources;
 - ☐ to approve or withhold approval of any contract I wish to make, except a contract for my basic needs;
 - ☐ to approve or withhold approval of the sale, lease or encumbrance of my 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 my name.
5. I am (check one):
- ☐ physically able to appear before the court at a hearing on this petition; **OR**
 - ☐ if not physically able to appear, the petition shall be accompanied by a letter from a physician or qualified mental health professional stating that the petitioner understands the nature, extent, and consequences of the guardianship requested and the procedure for revoking the guardianship. 14 V.S.A. § 2671(c)

I voluntarily request the appointment of a guardian. This request is not made in response to coercion or duress.

Date

Signature of Petitioner

Petitioner's Mailing Address

Petitioner's Phone/Email

GUARDIAN'S CONSENT

I consent to be appointed guardian of: _____

_____	_____	_____
<i>Date</i>	<i>Signature of Guardian</i>	<i>Signature of Co-Guardian, if any</i>
	_____	_____
	<i>Guardian's Mailing Address</i>	<i>Co-Guardian's Mailing Address</i>
	_____	_____
	<i>Guardian's Phone/Email</i>	<i>Co-Guardian's Phone/Email</i>

CO-GUARDIAN'S CONSENT

I consent to be appointed co-guardian of: _____

_____	_____	_____
<i>Date</i>	<i>Signature of Guardian</i>	<i>Signature of Co-Guardian, if any</i>
	_____	_____
	<i>Guardian's Mailing Address</i>	<i>Co-Guardian's Mailing Address</i>
	_____	_____
	<i>Guardian's Phone/Email</i>	<i>Co-Guardian's Phone/Email</i>

Attachments:

- Filing fee payable to the Vermont Superior Court, Probate Division
- List of Interested Persons (form PG73)
- Statement of respondent's Assets and income (form PG72)
- Copy of advance directive power of attorney or appointment of guardian