

STATE OF VERMONT
DISTRICT OF _____, SS.

PROBATE COURT
DOCKET NO. _____

GUARDIANSHIP OF: _____

OF: _____

PETITION FOR APPOINTMENT OF GUARDIAN FOR AN ADULT PERSON

The undersigned (petitioner) represents that it is necessary that a guardian be appointed for the following individual (respondent):

Name	Residence Address	DOB
_____	_____	_____
_____	_____	_____

(Current location if different from above) _____

In support of this petition, the undersigned provides the following:

- A. The name and address of anyone known to the petitioner who is:
 Currently serving as a guardian (Attach a copy of appointment)

 Currently named as Agent in an Advance Directive document (Attach a copy)

 Currently acting as Agent under a Power of Attorney document (Attach a copy)

- B. The petitioner's relationship to the respondent is (check one):
 friend/neighbor public official relative _____
 social worker physician other (attach explanation) _____
- C. The respondent is alleged to be a person in need of guardianship, is at least 18 years of age or will be within four months of the filing of the petition, and is disabled from (check one):
 Mental Illness Developmental Disability Traumatic Brain Injury
 Other _____
- D. List specific reasons with supporting facts as to why guardianship is sought:

E. The petitioner requests the following powers (check all that apply):

- To exercise general supervision over the person under guardianship, including care, habilitation, education, and employment.
- To give or withhold consent to medical or dental treatment, subject to the provisions of T. 14 VSA §3075, and any constitutional rights of the person under guardianship to refuse treatment;
- To exercise financial supervision over the income and resources of the person under guardianship;
- To approve or withhold approval of any contract, except for necessities, which the person under guardianship wishes to make;
- To approve or withhold approval of the sale or encumbrance of real property of the person under guardianship subject to the provisions of T. 14 VSA §2881, et seq.;
- To obtain legal advice and to commence or defend against court actions in the name of the person under guardianship.

F. Have other alternatives to guardianship been considered? If yes, please explain: _____

G. Name and address of proposed guardian:

Telephone:

The undersigned understands that the Court must order an evaluation of the respondent to 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.

Name and address of evaluator:

The undersigned understands that the Court must appoint an attorney to represent the respondent in this proceeding.

Name and address of the respondent's attorney, if any:

Dated _____

Signed _____, Petitioner

Print name _____

Address _____

Telephone _____

I CONSENT TO BE APPOINTED GUARDIAN OF THE ABOVE RESPONDENT

Signature of proposed guardian: _____

Date: _____

- Attachments as follows:
1. \$50.00 entry fee, payable to _____ Probate Court
 2. Statement of proposed respondent's assets and income (Form No. 73)
 3. List of interested persons (Form No. 75)
 4. Copy of advance directive and/or any power of attorney
 5. You also may be required to submit consents necessary for a complete background check.

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 VSA § 3060.