

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Case No. \_\_\_\_\_

In re:

[Empty rectangular box for case name]

PETITION TO APPOINT GUARDIAN FOR AN ADULT (Voluntary)

I, \_\_\_\_\_ (Name of Petitioner) request the Court to appoint a guardian pursuant to 14 V.S.A. § 2671 to 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 \_\_\_\_\_ (Name of Proposed Guardian) and \_\_\_\_\_ (Name of Proposed Co-Guardian) be appointed to act as my 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.

**Petitioner Information**

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Mailing Address

Phone Number \_\_\_\_\_

\_\_\_\_\_  
Email Address \_\_\_\_\_

\_\_\_\_\_

**GUARDIAN'S CONSENT**

I consent to be appointed Guardian of: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Mailing Address

Phone Number \_\_\_\_\_

\_\_\_\_\_  
Email Address \_\_\_\_\_

\_\_\_\_\_

**CO-GUARDIAN'S CONSENT**

I consent to be appointed Co-Guardian of: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Mailing Address

Phone Number \_\_\_\_\_

\_\_\_\_\_  
Email Address \_\_\_\_\_

\_\_\_\_\_

**Attachments:**

- Filing fee payable to the Vermont Superior Court, Probate Division
- List of Interested Persons for Adult Guardianships (*form 700-0002AG*)
- Statement of Respondent's Assets and Income (*form 700-00072*)
- Copy of advance directive power of attorney or appointment of guardian (*if any*)