	R APPOINT DIAN FOR A TATED PEI	N	Docket No	5. C	T	ealth of Ma ne Trial Co e and Fam	
In the Interests of:					Suffolk	٢	Division
Alexis			damir				
First name	Middle Nam	e Las	t Name	}			
Alleged Incapacitated	Person/Respo	ndent					
The Court shall encoura make appointive and off warranting the procedu 1. Information about F	er orders only to re.						
Name:	Alexis					Aldamir	
	first Name		M,I.			Last Name	
Primary Language: 🛛 En	glish 🛛 Other			Primary Pho	ne #:	617-312	2-3479
Date of Birth1	2/22/1954	Age:	67	Gender:	-	Female	
Principal Residence:	838 East Broa (Address)	idway (Ar	Apt 3 ot, Unit, No., et	c.) South	Boston (Town)	MA (State)	_
Date Residence was esta	blished: Since				-	• •	•••
Current Address: 🗆 Sam	e as Above or 🛛	the following a	address:				
Tufts Medical Cer	nter 800	Washington St	E	Boston	MA	02111	
(Address)		t, Unit, No., etc.)		ity/Town)	(State)	(Zip)	
f this appointment is made SNF/Rehab Faci	itv				ent Address	🛛 the fo	blowing addres
(Address)	(A)	it, Unit, No. etc.)		ity/Town)	(State)	(Zíp)	
Respondent 🗆 is 🛛 🛛 i	s not alleged inte	ellectually disab	led.				
2. Information about t	he Petitioner:						
Name:	Joan				Smith	LICSW	
	First Name	,,	M.I.			Name	
Tufts Me	dical Center	800 Washin	gton St	Boston		MA	02111
		(Apt, Unit, N	o. etc.)	(City/Town)		State)	(Zip)
bA)	dress)	•••	•				• • •
(Ad Primary Phone #:		•••	•		nt <u>Clin</u>	ical Social	Worker

State your interest in the appointment:

Petitioner is the overseeing Clinical Lead Social Worker involved in Respondent's hospitalization at Tufts Medical Center.

□ An attachment to this petition provides information on co-petitioner(s).

3. The Petitioner is requesting:

Name:	John	M		Harrelson	
	First Name	M.I.		Last Name	
32	2-B Cross Green St		Gaithersburg	MD	20878
	(Address)	(Apt, Unit, No., etc.)	(City/Town)	(State)	(Zip)
Primary Phone #:	240-372-4496	Relatio	onship to Respondent:	Brot	her
E-mail:	iohn.harrelson@symbed.	com	_		<u>_</u>

An attachment to this petition provides information on co-Guardian(s).

4. He or she has priority of appointment because the nominee is (choose one):

□ Nominated in a durable power of attorney by Respondent; □ Respondent's parent or a parental nominee; OR

□ Respondent's spouse or a spousal nominee; ⊠ None of the above.

State the reason the proposed guardian(s) should be appointed:

Proposed Guardian is Respondent's brother.

5. This is a Petition for appointment of a (choose one):

Limited Guardian. State the powers being sought:

- I to apply for health insurance benefits including MassHealth on behalf of Respondent;
- □ to obtain copies of statements or any other records from banks, insurance companies, or other financial institutions verifying balances and transactions of accounts standing in the name of the Incapacitated Person, individually or jointly with another.
- Other:

OR

General Guardian. State the reasons why a Limited Guardianship is inappropriate:

Ms. Aldamir is a 67-year-old female brought to Tufts Medical Center Emergency Department (ED) on 8/15/2022 by police who were called to her home due to the smell of gas. Ms. Aldamir was found at home with the gas stove left on, and with confusion. Upon evaluation in the ED, she was unable to provide any meaningful information about herself; nor was she able to explain any reason for the stove being left on. She also appeared to have no safety awareness and little concern for the potential explosion risk in her home due to accumulation of gas.

Medical work up, which includes neurological and psychiatric evaluation, reveals a likely neurodegenerative process of Alzheimer's Dementia. A CT scan of head reveals generalized atrophy in frontal and parietal lobes. Ms. Aldamir lacks capacity for medical decision-making. She is unable to care for herself and cannot safely return to her prior living situation where she was residing alone in the community. In the hospital, Ms. Aldamir is discrimented, inattentive and agitated, requiring medication to manage her agitation and exit-seeking behavior, and she requires a one-to-one sitter. She is unable to respond appropriately to questioning, and she has been unable to execute a health care proxy.

Ms. Aldamir is currently admitted to a medical floor in the hospital, where she is medically cleared for discharge pending safe disposition planning. She will require discharge to a skilled nursing/memory care facility for long term care due to her inability to care for herself in the community. She will require a full legal guardian and conservator in order to facilitate transition to the next level of care. She has the additional requirement for a conservator as she has assets that will need to be managed in order to provide for her long term care needs.

6. A Medical Certificate dated with an examination having taken place within 30 days of the filing of the petition or, if Respondent is alleged to be intellectually disabled, a Clinical Team Report dated with an examination having taken place within 180 days of the filing of the petition:

Ø is filed with this Petition or is on file with the Court (Docket No. _____); OR

is not filed with this Petition and is not on file with the Court.

If a Medical Certificate or Clinical Team Report is not filed with this Petition, or on file with this Court, you must immediately file and present a motion requesting that the Court permit it to be filed late or waive the filing requirement. An affidavit must accompany the motion explaining why it is <u>impossible</u> to file a Medical Certificate or Clinical Team Report with this Petition.

7. The reason a guardianship is necessary is detailed in the most recent Medical Certificate or Clinical Team Report filed with this petition or is described as follows:

See Medical Certificate

8. The nature and extent of Respondent's alleged incapacity is detailed in the Medical Certificate or Clinical Team Report filed with this petition or is described as follows:

9. List Respondent's:

- Spouse, if any. Ś
- Children, if any. If none, list parents and brothers and sisters or, if none, list heirs apparent or presumptive. ന്
- Current Guardian in the Commonwealth or elsewhere; Ċ
- Nominated Guardian in the Commonwealth or elsewhere;
 - the in the

E. Current Conserval	Current Conservator in the Commonwealth or elsewhere;	iewhere;			
Name	Primary Address	Primary Phone	O)	Relationship (Check all that apply)	Indicate if this person is:
			Bouse	🛛 Representative Payee	
			Child	Health Care Proxy	Incompetent
	Marian Manor Nursing Home		Guardian	Durable Power Holder	
Ginette S. Harrelson	130 Dorchester St	617-268-3333	D Nominated Guard	Nominated Guardian 🗆 Had care & custody in the last	
	DUSION, WA UZ 12/		Conservator	60 days.	
			🛛 🛛 🕅 🕅 🕅 🕅 🕅 🕅 🕅 🕅		
				(relationship)	
			D Spouse	Representative Payee	D Minor
			Child	Health Care Proxy	Incompetent
			C Guardian	Durable Power Holder	
John. M. Harrelson	322-b Cross Green St. Gaithersburg, MD 20878	240-372-4496	Nominated Guard	Nominated Guardian 🛛 Had care & custody in the last	
	i			60 days.	
			X Relative: Brother		
				(relationship)	
_				C Representative Payee	D Minor
			Child	Health Care Proxy	□ Incompetent
	17501 Country View Way	2200 177 100	Cuardian	🗖 Durable Power Holder	
Ashley J. Gardner	Ashton, MD 20861	201- 114-000B	Nominated Guard	Nominated Guardian 🗔 Had care & custody in the last	
			Conservator	60 days.	

(relationship)

Ø Relative: Sister

- G. Durable Power of Attorney/Agent;
 - H. Representative Payee; and/or
 - Caretaker in the last 60 days. <u>__</u>:

F. Health Care Agent;

10. Does the Respondent have, in the Commonwealth or eisewhere:		lf yes, a copy of the document is:	Information/Explanation: (If a Petition has been filed but not allowed, please list Court and Docket Number of pending case)
A current Guardian?	 Yes and the person's information is listed at Q.9 No Uncertain 	 Attached Unavailable 	
A document nominating a Guardian?	 Yes and the person's information is listed at Q.9 No Uncertain 	 Attached Unavaliable 	
A current Conservator?	 Yes and the person's information is listed at Q.9 No Uncertain 	🗂 Attached 🗂 Unavallable	
A Representative Payee?	 Yes and the person's information is listed at Q.9 No Uncertain 	 Attached Unavailable 	
A Health Care Agent?	 Yes and the person's Information is listed at Q.9 No Uncertain 	 Attached Unavailable 	
A Durable Power of Attorney/Agent?	 Yes and the person's information is listed at Q.9 No Uncertain 	 Attached Unavailable 	

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11. Respondent: D has D has not executed a MOLST (Medical Orders for Life-Sustaining Treatment)

12. Respondent: 🛛 is 🖄 is not entitled to benefits from the Department of Veterans Affairs or 🖓 Uncertain.

13. Does Respondent have any assets, e.g., bank accounts, property? 🛛 Yes 🛛 No 🖓 Uncertain. If Yes, identify:

Description of Assets, e.g. Bank Accounts, Property, Insurance, Pensions DO NOT INCLUDE NAMES OF INSTITUTIONS OR ACCOUNT NUMBERS	Estimated Value of Property
Bank Accounts	Unknown
Real Estate	\$520,900.00
Total	\$520,900.00

□ An attachment to this petition provides additional information.

14. Does the Respondent have any anticipated income?

🗆 Yes		No	X
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o 🛛 Uncertain. If Yes, identify:

Description of Income, e.g. Social Security, Interest DO NOT INCLUDE NAMES OF INSTITUTIONS OR ACCOUNT NUMBERS	Amount of Anticipated Monthly Income or Receipts
Total	

□ An attachment to this petition provides additional information.

15. I Petitioner seeks specific Court authorization:

It to admit Respondent to a nursing facility.

It to treat Respondent with antipsychotic medication in accordance with the treatment plan;

□ for the following treatment or action for which a substituted judgment determination may be required:

□ to revoke the Health Care Proxy of Respondent.

WHEREFORE, PETITIONER REQUESTS THAT THIS HONORABLE COURT:

Appoint D Petitioner

 John
 M
 Harrelson

 First Name
 M.I.
 Last Name

Some suitable person

as imited guardian(s) I general guardian(s) of Respondent, with any specific authorization as may be requested in paragraph 15 above.

- Petitioner requests the Court waive sureties on the Bond for the following reasons:
 - The Respondent has minimal funds to be managed and requiring sureties would place a financial burden on the Respondent

A Conservator is appointed or is being requested.

Other:

□ In addition, Petitioner requests that the Court:

SIGNED UNDER THE PENALTIES OF PERJURY

I affirm or swear under oath that I have read the foregoing Petition and that the statements set forth therein are true and correct to the best of my knowledge.

Date:	Signature of Petitioner
Date:	Signature of Co-Petitioner (If applicable)
I assent to the foregoing Petition: Print Na	ne Signature
Date	
Date	
Date	
Date	/ _ / _ / _ / _ / / /
Attorney for Petitioner:	/K/A
	Linda Sternberg, Esquire
	(Print name) 129 Spring Street
	(Address) (Apt, Unit, No. etc)
	Watertown MA 02472
	(City/Town) (State) (Zip) Primary Phone: (617) 722-8300
	B.B.O. # 479710

E-mail: attystemberg@sternberglaw.com