

PETITION FOR APPOINTMENT OF GUARDIAN FOR AN INCAPACITATED PERSON		Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court	
In the Interests of:			<u>Suffolk</u> Division	
<u>Alexis</u> First Name	Middle Name	<u>Aldamir</u> Last Name		
Alleged Incapacitated Person/Respondent				

The Court shall encourage the development of maximum self-reliance and independence of the Incapacitated Person and make appointive and other orders only to the extent necessitated by the Incapacitated Person's limitations or other conditions warranting the procedure.

1. Information about Respondent:

Name: Alexis Aldamir
First Name M.I. Last Name

Primary Language: English Other _____ Primary Phone #: 617-312-3479

Date of Birth 12/22/1954 Age: 67 Gender: Female

Principal Residence: 838 East Broadway Apt 3 South Boston MA 02127
(Address) (Apt, Unit, No., etc.) (City/Town) (State) (Zip)

Date Residence was established: Since 1979

Current Address: Same as Above or the following address:

Tufts Medical Center 800 Washington St Boston MA 02111
(Address) (Apt, Unit, No., etc.) (City/Town) (State) (Zip)

If this appointment is made, Respondent will reside at Principal Residence Current Address the following address:

SNF/Rehab Facility
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Respondent is is not alleged intellectually disabled.

2. Information about the Petitioner:

Name: Joan Smith, LICSW
First Name M.I. Last Name

Tufts Medical Center 800 Washington St Boston MA 02111
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: 617-636-5136 Relationship to Respondent: Clinical Social Worker

E-mail: Jsmith8@tuftsmedicalcenter.org

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).

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:

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 impossible 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:

- A. Spouse, if any.
- B. Children, if any. If none, list parents and brothers and sisters or, if none, list heirs apparent or presumptive.
- C. Current Guardian in the Commonwealth or elsewhere;
- D. Nominated Guardian in the Commonwealth or elsewhere;
- E. Current Conservator in the Commonwealth or elsewhere;
- F. Health Care Agent;
- G. Durable Power of Attorney/Agent;
- H. Representative Payee; and/or
- I. Caretaker in the last 60 days.

Name	Primary Address	Primary Phone	Relationship (Check all that apply)	Indicate if this person is:
Ginette S. Harrelson	Marian Manor Nursing Home 130 Dorchester St Boston, MA 02127	617-268-3333	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> Nominated Guardian <input type="checkbox"/> Conservator <input checked="" type="checkbox"/> Relative: <u>Mother</u> (relationship)	<input type="checkbox"/> Minor <input type="checkbox"/> Incompetent

John. M. Harrelson	322-B Cross Green St. Gaithersburg, MD 20878	240-372-4496	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> Nominated Guardian <input type="checkbox"/> Conservator <input checked="" type="checkbox"/> Relative: <u>Brother</u> (relationship)	<input type="checkbox"/> Minor <input type="checkbox"/> Incompetent
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Ashley J. Gardner	17501 Country View Way Ashton, MD 20861	301-774-0066	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> Nominated Guardian <input type="checkbox"/> Conservator <input checked="" type="checkbox"/> Relative: <u>Sister</u> (relationship)	<input type="checkbox"/> Minor <input type="checkbox"/> Incompetent
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10. Does the Respondent have, in the Commonwealth or elsewhere:			If 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?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A document nominating a Guardian?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A current Conservator?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A Representative Payee?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A Health Care Agent?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A Durable Power of Attorney/Agent?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	

11. Respondent: has 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 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. Petitioner seeks specific Court authorization:
- to admit Respondent to a nursing facility.
 - 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 Petitioner

John M Harrelson
First Name M.I. Last Name

Some suitable person

as limited guardian(s) 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: 9/14/2022

Joan B Smith
Signature of Petitioner

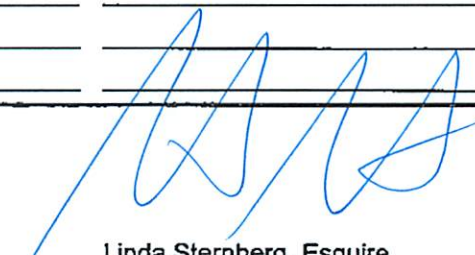
Date: _____

Signature of Co-Petitioner (If applicable)

I assent to the foregoing Petition:

	Print Name	Signature
Date	_____	_____
Date	_____	_____
Date	_____	_____
Date	_____	_____

Attorney for Petitioner:


Linda Sternberg, Esquire
(Print name)
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(City/Town) (State) (Zip)
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