

STATE OF VERMONT
_____ COUNTY, SS.

VERMONT FAMILY COURT
DOCKET NO. _____

IN RE GUARDIANSHIP OF _____
RESPONDENT

PETITION FOR GUARDIANSHIP SERVICES FOR AN ADULT WITH DEVELOPMENTAL DISABILITIES

This is a petition requesting appointment of a public guardian for an adult with developmental disabilities pursuant to 18 V.S.A. §9301 et seq.

Note: Part One is completed by the Interested Person requesting the petition. Part Two is completed by the State's Attorney.

PART ONE:

1. Name of respondent (*adult with developmental disabilities for whom a guardian is requested*)

Address: _____

Phone Number: _____ Date of Birth: _____

2. Name of interested person: _____

Address: _____

Phone Number: _____

3. Relationship to respondent: _____

4. Does respondent currently have a guardian? Yes No

Name of guardian: _____

5. Is a petition for guardianship pending in any other court? Yes No

Name of court: _____

6. Has respondent executed a power of attorney? Yes No

Name of person holding power of attorney: _____

7. Does respondent have an attorney? Yes No

Name of attorney: _____

8. Name of nearest living relative of respondent? _____

9. Does respondent have a developmental disability (mental retardation, autism or pervasive developmental disorder)? Yes No

10. Reason why respondent needs a guardian for his/her own welfare:

11. Is any relative or friend available to serve as guardian for respondent? Yes No

If yes, explain: _____

12. Guardianship powers requested: (Check all that apply)

- General Supervision (This includes choosing or changing residence, care habilitation, education or employment, and approving sale or encumbering of real property.)
- Contracts (To approve or withhold approval of contracts)
- Legal (To obtain legal advice and commence or defend against judicial actions)
- Medical and Dental (To seek, obtain and give consent to medical and dental treatment)

I, the undersigned, request the State's Attorney for _____ to file a petition for guardianship of respondent.

Interested Person

Date

PART TWO:

(To be completed by the State's Attorney)

It appears that respondent is a person with developmental disabilities who is

- (1) at least 18 years of age
- (2) in need of supervision and protection for his/her own welfare or public welfare

WHEREFORE, petitioner requests the Court to appoint the Commissioner of Developmental and Mental Health Services guardian for respondent.

State's Attorney for _____ County

Date

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List here the name, address and phone number, if you know them, of the following people who may be interested in the guardianship proceeding.

	NAME	ADDRESS	PHONE	RELATIONSHIP
Current Guardian	_____			
Attorney	_____			
Person holding power of attorney	_____			

Near relatives (include: spouse, parent, step-parent, brother, sister and grandparent)	_____			
