

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department

Plymouth Division

Docket No. _____

MEDICAL CERTIFICATE - GUARDIANSHIP

To the Honorable Justices of the Probate and Family Court:

The undersigned hereby certifies under the penalties of perjury that I am a registered physician and that I personally examined _____
(name of proposed ward)

(street address) (city or town) (state)

on _____
(date of examination)

and in my opinion the proposed ward:

- is a mentally ill person to the degree that he/she is incapable of caring for his/her personal and/or financial affairs.
- is a person who is unable to make or communicate informed decisions due to physical incapacity.

THIS SECTION MUST BE COMPLETED FOR A GUARDIANSHIP PETITION

Describe in detail the diagnosis leading to the aforementioned opinion (including the types of decisions which the proposed ward has sufficient mental ability to make):

(OVER)

(MEDICAL CERTIFICATE - GUARDIANSHIP BACK)

Date _____

(signature)

(PRINT name)

(address, including zip code)

Tel. No. () _____

Uniform Probate Court Practice XXII.
A physician's certificate, when accepted, must be dated and the **examination** must have taken place within **thirty (30) days** prior to the entry of each decree, temporary or permanent.