

STATE OF VERMONT

SUPERIOR COURT
Unit

PROBATE DIVISION
Case No: _____

In re Guardianship of:

[Empty box for name]

PETITION TO APPOINT GUARDIAN FOR AN ADULT
(Involuntary)

I ask the Court to appoint a guardian or limited guardian for _____ (name).

In support of this request, I state:

1. Person in need of a guardian (Respondent)

The Respondent must be at least 18 years old or within 4 months of their 18th birthday.

Name: _____

Date of Birth: _____ Age: _____ Phone: _____

Street Address: _____

City/State/Zip: _____

Mailing Address (if different from Street Address):

City/State/Zip: _____

Current location of Respondent if different from above: _____

2. Reason for guardianship

A guardianship is necessary because the Respondent is unable to manage some or all aspects of their personal or financial affairs without the supervision of a guardian. The reason for this is (choose one or both):

- Significantly sub-average intellectual functioning which exists concurrently with deficits in adaptive behavior.
- A physical or mental condition that results in significantly impaired cognitive functioning which grossly impairs judgment, behavior, or the capacity to recognize reality.

Under Vermont law, guardianship shall be utilized only as necessary to promote the well-being of the individual and to protect the individual from violations of his or her human and civil rights.

It shall be designed to encourage the development and maintenance of maximum self-reliance and independence in the individual and only the least restrictive form of guardianship shall be ordered to the extent required by the individual’s actual mental and adaptive limitations.

The State of Vermont recognizes the fundamental right of an adult with capacity to determine the extent of health care the individual will receive.

[14 V.S.A. § 3060.](#)

3. Existing or pending guardianships

(Choose one)

- There is no guardian, limited guardian, or pending guardianship proceeding for the Respondent in Vermont or any other state.
- There is an existing guardian or limited guardian for the Respondent.

Name of guardian: _____

Guardian’s mailing address: _____

City/State/Zip: _____

Type of guardianship *(For example: full, limited, financial)*: _____

County and state where case was filed: _____

- I have attached a copy of the appointment.
- There is a pending guardianship proceeding.
County and state where case is filed: _____
Case number: _____

4. Advance directive

(Choose one)

- To my knowledge, the Respondent does not have an advance directive.
- The Respondent has an advance directive.

Name of agent: _____

Agent’s mailing address: _____

City/State/Zip: _____

- I have attached a copy of the directive.

5. Power of attorney

(Choose one)

- To my knowledge, the Respondent does not have a power of attorney.
- The Respondent has a power of attorney.

Name of agent: _____

Agent’s mailing address: _____

City/State/Zip: _____

- I have attached a copy of the power of attorney.

6. Relationship to the Respondent

My relationship to the Respondent is *(Choose one)*:

- | | |
|--|--|
| <input type="checkbox"/> Relative: _____ | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Friend / Neighbor | <input type="checkbox"/> Public Official |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other: _____ |

7. Reasons to appoint a guardian

I am seeking a guardianship for the Respondent because: *(Describe your reasons, and provide specific facts to support your request.)*

Add additional pages if needed.

8. Nomination of guardian

(Choose one)

- I ask the court to appoint me as guardian.
- I ask the court to appoint another person as guardian:

Name of proposed guardian: _____

Mailing Address: _____

City/State/Zip: _____

Relationship between proposed guardian and the Respondent:

- Relative: _____ Public Official
- Friend / Neighbor Other: _____
- Social Worker

9. Nomination of co-guardian

- I am not requesting a co-guardian.
- I am asking this person be co-guardian:

Name of proposed co-guardian: _____

Mailing Address: _____

City/State/Zip: _____

Relationship between proposed co-guardian and the Respondent:

- Relative: _____ Public Official
- Friend / Neighbor Other: _____
- Social Worker

10. Proposed guardianship powers

I ask the Guardian be given the following powers *(Select each power you are requesting):*

- to have general supervision over the Respondent, including care, habilitation, education, employment and choosing or changing where the Respondent lives, 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 the Respondent to refuse treatment;
- to supervise Respondent’s income and resources;

- to approve or withhold approval of any contract Respondent wishes to make, except a contract for basic needs;
- to approve or withhold approval of the sale, lease or encumbrance of Respondent's 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 Respondent's name.

11. Alternatives to guardianship

I have considered the following alternatives to guardianship:

(Describe each alternative you considered, such as supported decision making, representative payee, or an advance directive, and explain why each alternative you considered is unsuitable.)

(Add additional pages if needed.)

12. Evaluation of the Respondent

I understand:

- The Court must order an evaluation of the Respondent at their expense unless the Respondent is indigent, and
- The evaluation must be performed by someone who has specific training and demonstrated competence to evaluate a person in need of guardianship, and
- The evaluation must be completed within 30 days of the filing of the petition with the court unless the court finds good cause to extend the time.

I propose the following person perform the evaluation of the Respondent *(Optional)*:

Name of proposed evaluator: _____

Mailing Address: _____

City/State/Zip: _____

Phone number: _____

13. Attorney for the Respondent

I understand the court must appoint an attorney to represent the Respondent in this proceeding.

- The Respondent does not have an attorney.
- The Respondent is currently represented by an attorney:

Name of attorney: _____

Mailing Address: _____

City/State/Zip: _____

Phone number: _____

I declare that the above statements are true and accurate to the best of my knowledge and belief. I understand that if the above statements are false, I will be subject to the penalty of perjury or to other sanctions in the discretion of the court.

Petitioner

Date: _____ Signature _____
Printed Name _____
Mailing Address _____
Phone Number _____
Email Address _____

Guardian’s Consent and Contact Information

I consent to be appointed guardian of _____ (name).

Date: _____ Signature _____
Printed Name _____
Mailing Address _____
Phone Number _____
Email Address _____

Co-Guardian’s Consent and Contact Information (if any)

I consent to be appointed co-guardian of _____ (name).

Date: _____ Signature _____
Printed Name _____
Mailing Address _____
Phone Number _____
Email Address _____

Attachments

- Filing fee. If paying by check or money order, make it payable to **Vermont Superior Court**.
- *List of Interested Persons – Adult Guardianship* (form 700-00002AG).
- *Statement of Respondent’s Assets and Income* (form 700-00072).
- *Consent for Release of Information for Guardianship Proceedings* (form 700-00407) signed by the proposed guardian and co-guardian (if any).
- Copy of advance directive, power of attorney, or appointment of guardian (if any).

Forms are available online at www.vermontjudiciary.org/probate/adult-guardianships.