



Massachusetts
Probate
and
Family Court

GM5

Affidavit for Temporary Guardianship Form and Instructions

Welcome to the
Probate and Family Court
Department of the
Massachusetts Trial Court.

Many Probate and Family law matters involve complex and valuable legal rights. You should always speak with an attorney before filing any papers. Please ask court staff for the pamphlet "Looking for Legal Assistance?" which contains helpful information about obtaining legal advice and representation.

Use these instructions **ONLY** if:

- P** You have filed, or you are about to file, a Petition for Guardianship of a Minor; and
- P** You want to be appointed Temporary Guardian of the child.

The information in this pamphlet is provided as a service of the court and does not constitute legal advice which can only be given to you by an attorney.

Do not use these instructions unless both are true. Please see the staff at the Registry of Probate if you have questions.

**Instructions for Completing the
AFFIDAVIT FOR TEMPORARY GUARDIANSHIP**

Please print or type all information. **Do not fill in the sample form, use the form provided by the court.** Look at the sample on the opposite page to see where to put the required information. For example, put the information asked for in line ① of these -instructions on the same line of the form provided by the court (the numbers are not on the form that you will fill out).

IMPORTANT

The information that you write in this affidavit must be the truth and must be from your own personal knowledge or experience. Do not provide information that you do not know to be true. Do not provide information that you heard from someone else unless you also know it to be true.

- ① Fill in the name of the county where you are filing your papers,
- ② Put in the docket number for this case, if one has been assigned. Otherwise, leave this space blank. Ask someone at the Registry of Probate to find out if a docket number has been assigned.
- ③ Print the name(s) of the child or children for whom you would like to be appointed Temporary Guardian.
- ④ **Print** your name. If two people are presenting the information in the affidavit and will be signing their names, write the names of both people.
- ⑤ Print the city (or town) and the state where you live.
- ⑥ The court may only appoint a Temporary Guardian when there is an emergency which requires that someone be appointed to care for the child or children before a Guardian is appointed. Print on this line the date when the emergency situation began.
- ⑦ In this space, describe in detail the child or children's situation which requires the appointment of a Temporary Guardian.
- ⑧ In this space, describe what specific harm you think will happen to the child or children if the court does not appoint you Temporary Guardian.
- ⑨ If the court does appoint you Temporary Guardian, you will only be authorized to take whatever actions are necessary to avoid the harm that you think might happen. Print in this space exactly what you would like the court to allow you to do to keep this harm from happening.
- ⑩ Print today's date.
- ⑪ **Sign your name.** If the information in the affidavit is based on the knowledge of two people, both of you must sign the affidavit.

**YOU MUST FILE THIS AFFIDAVIT FOR TEMPORARY GUARDIANSHIP
WITH YOUR MOTION FOR APPOINTMENT OF TEMPORARY GUARDIAN**

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department

① _____ Division _____ Docket No. _____ ②

AFFIDAVIT FOR TEMPORARY GUARDIANSHIP

Guardianship of ③ _____
Print the names of the child or children involved

I / We, ④ _____
Print Name(s) of _____
Print the city and state where you live

hereby state that: (5)

1. On or about ⑥ _____, the situation of the proposed ward which
Date
 requires emergency attention is _____
Describe the emergency which requires
that you be appointed Temporary Guardian ⑦ _____

2. The petitioner(s) seek(s) to avoid the particular harm of _____
Describe what harm will come if
you are not appointed Temporary Guardian.

3. The actions with regard to the proposed ward which are reasonably necessary to avoid the occurrence of that harm are: _____
Write specifically what you would like the court to allow you to do to keep
the harm from happening to the child or children.

4. Check one of the following: (NOT applicable to minors)

- ☐ The proposed ward has executed a Health Care Proxy and/or a Durable Power of Attorney (copy attached)
- ☐ The proposed ward has not executed a Health Care Proxy and/or a Durable Power of Attorney
- ☐ I have been unable to determine if the proposed ward has executed a Health Care Proxy and/or a Durable Power of Attorney

DO NOT FILL IN SECTION 4
 Sign and date the affidavit at the bottom

Signed this _____ day of ⑩ _____, 20____, under the penalties of perjury.

⑪ _____
SIGN your name

PRINT your full address

Signature(s)