

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Docket No. \_\_\_\_\_

Division \_\_\_\_\_

**MOTION TO WAIVE  
OR SHORTEN NOTICE FOR  
TEMPORARY GUARDIANSHIP OF  
INCAPACITATED PERSON OR MINOR**

\_\_\_\_\_  
Plaintiff/Petitioner

V.

\_\_\_\_\_  
Defendant/Respondent

Now comes

Plaintiff  Defendant  Petitioner  Respondent.

\_\_\_\_\_  
(name of moving party)

In this action who moves this Honorable Court as follows: That notice to all other interested parties is waived or notice to all other interested parties is shortened for reasons stated in the attached motion and any documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of attorney or plaintiff, if pro se)

**NOTICE OF HEARING**  
This motion will be heard at the Probate and Family Court

In \_\_\_\_\_  
(city)

On \_\_\_\_\_  
(month/day/year)

At \_\_\_\_\_  
(time of hearing)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City/Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Tel. No: \_\_\_\_\_

B.B.O. \_\_\_\_\_

The within motion is hereby



**ALLOWED**



**DENIED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
JUSTICE OF THE PROBATE AND FAMILY COURT

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

Docket No. \_\_\_\_\_

Division \_\_\_\_\_

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OR SHORTEN NOTICE FOR TEMPORARY GUARDIANSHIP OF  
INCAPACITATED PERSON OR MINOR**

Dated: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I hereby certify that I have delivered a copy of this motion to:

\_\_\_\_\_  
(name of party or attorney of record)

\_\_\_\_\_  
(Street address) (City/Town) (State) (Zip)

By  delivery in hand \_\_\_\_\_ at \_\_\_\_\_  AM  PM  
(date of delivery) (time)

mailing (postage paid on) \_\_\_\_\_  
(date of mailing)

\_\_\_\_\_  
(signature)