

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department

Plymouth Division

Docket No. _____

MEDICAL CERTIFICATE - CONSERVATORSHIP

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 unable to properly care for his/her property due to **mental weakness**.
- is incapable of caring for his/her property due to a **physical incapacity**. When seeking a conservatorship of a person with a physical incapacity **ONLY the ward must assent** to the petition. See G.L.M. c. 201 § 16 and the physician must make the following certification.
- I further certify that the proposed ward has sufficient mental ability to comprehend the nature of his/her act in assenting to the petition.

THIS SECTION MUST BE COMPLETED FOR A CONSERVATORSHIP PETITION WITHOUT ASSENT:

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)

