

Commonwealth of Massachusetts

The Trial Court

Hampshire Division

Probate and Family Court Department

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)

[illegible]

(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.