

PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR		Docket No. <u>19P0391</u>	Commonwealth of Massachusetts The Trial Court Probate and Family Court
In the Interests of: [Redacted] Middle Name [Redacted] Last Name		Berkshire Division 44 Bank Row Pittsfield, MA 01201 (413) 442-6941	
Minor			

1. Information about the Minor:

[Redacted] [Redacted] [Redacted] 2 years [Redacted] 2016
 (Address) (Apt. Unit, No. etc.) (City/Town) (State) (Zip)
83 Flansburg Ave. Dartmouth MA 01226
 County of Residence: Berkshire

2. The Petitioner is:
 a person or persons interested in the welfare of the Minor. or the Minor

3. Information about the Petitioner(s):

Name: Stephanie C Caporale
 (Address) (Apt. Unit, No. etc.) (City/Town) (State) (Zip)
83 Flansburg Ave. Dartmouth MA 01226
 Primary Phone #: 413.344.5977 Relationship to Minor: maternal grandmother

Name: _____
 (Address) (Apt. Unit, No. etc.) (City/Town) (State) (Zip)
 Primary Phone #: _____ Relationship to Minor: _____

4. Information about the Biological Mother/parent one and Father/parent two:

Bailee A Pierce Deceased
 (Address) (Apt. Unit, No. etc.) (City/Town) (State) (Zip)
83 Flansburg Ave. Dartmouth MA 01226

Dasean T Smith Deceased
 (Address) (Apt. Unit, No. etc.) (City/Town) (State) (Zip)
 [Redacted]

5. Is there a nomination of a guardian by will or other writing signed by a parent or guardian? Yes No
 If Yes, attach copy of document.

6. Venue for this proceeding is proper in this county/Division of the Probate and Family Court because
 the minor resides in the county/Division.
 the guardian was nominated in a will which was or could be probated in this county/Division.

7. The best interests of the Minor will be served by appointment of a guardian for the Minor.

FILED
MAY 16 2019

8. The minor is unmarried and

- parent(s) ^{mother} consent to the appointment of a guardian. Attach Notarized Consent of Parent(s).
- all parental rights have been terminated by
 - prior court order. Attach a copy of the court order to this Petition.
 - a signed voluntary surrender. Attach a copy of the surrender to this Petition.
 - death. If available, attach a copy of the death certificate to this Petition.

Parent or parents are unavailable to exercise their parental rights because: (Briefly explain)

My daughter Bailee gave me temporary care of both children a year ago. The kids have DCF who has visited monthly ever since. Neither parent is in the right place to take the children back and DCF asked I make this into

Parent or parents are unfit to exercise their parental rights because: (Briefly explain)

legal guardianship.

Guardianship has previously been granted to a third party who has died or become incapacitated, and the guardian has not appointed a successor guardian by will or written instrument. Describe and attach order or any relevant documents.

9. Petitioner is requesting to be appointed as Guardian and is not currently being investigated nor does he/she have charges pending for assault resulting in bodily injury to the minor. Petitioner is not being investigated and does not have charges pending for neglect of the minor.

10. I request that sureties required on the bond be waived by the court.

11. Petitioner is requesting the following person be appointed as Guardian:

Name: Stephanie C. Caporale
First Name M.I. Last Name
83 Flansburg Ave Dartmouth MA 01226
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: 413.344.5977 Relationship to Minor: maternal grandmother

He/She has priority for appointment as guardian pursuant to G.L.c. 190B, § 5-207 because the proposed Guardian is nominated by the Minor and the Minor is 14 years of age or older. Attach Nomination of Minor.

12. Who, other than you, had primary care and custody of the Minor during the 60 days prior to filing this Petition?

(G.L. c. 190B, §5-206): No one or Person listed below

Name: Bailee A Pierce
First Name M.I. Last Name
83 Flansburg Ave Dartmouth MA 01226
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: 413 344 6309 Relationship to Minor: mother

Dates of care May, 2018

13. If mother and father are deceased, list brothers and sisters or adult relatives, for example aunt, uncle, grandparent who can be found:

Name: _____
First Name M.I. Last Name

(Address) (Apt. Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: _____ Relationship to Minor: _____

Name: _____
First Name M.I. Last Name

(Address) (Apt. Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: _____ Relationship to Minor: _____

14. Is any person currently acting as a Guardian or Conservator for the Minor in Massachusetts or elsewhere?

Yes No If Yes, identify:

Name: _____
First Name M.I. Last Name

(Address) (Apt. Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: _____ Relationship to Minor: _____

If a conservatorship case exists or you are also filing a Petition for Appointment of Conservator, do not complete section 15. Please note that a guardianship case does not provide authority over substantial funds.

15. Does the Minor have any assets, e.g. bank accounts, property, and anticipated income, e.g. Social Security, interest?

Yes No If Yes, identify: **Do not list bank account numbers or Social Security numbers.**

Description of Assets, e.g. Bank Accounts, Property	Estimated Value of Property or Amount of Income
Total	

The Petitioner shall provide notice to the parents, Minor if 14 years of age or older, and persons listed in paragraphs 11-13 of the time and place for a hearing on this Petition in accordance with Probate and Family Court Standing Order 4-09. Notice requirements may be different if an emergency guardianship is sought.

The Petitioner/Co-Petitioners is/are interested in the welfare and best interests of the Minor and request/s that an appointment of a guardian be made after notice and hearing.

In addition, I/We request that the Court:

SIGNED UNDER THE PENALTIES OF PERJURY

I affirm or swear under oath that I have read the foregoing petition and that the statements set forth therein are true and correct to the best of my knowledge.

Date 5/16/2019

Stephanie Caporale
Signature of Petitioner

Date _____

Signature of Co-Petitioner (if applicable)

Attorney for Petitioner

Print Name

(Address) (Apt, Unit, No. etc.)

(City/Town) (State) (Zip)

Primary Phone #: _____

BBO No.: _____