

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

IN RE: INTERVENTION PROCEEDING

_____ NO. _____

An Adult

PETITION FOR APPOINTMENT OF TEMPORARY GUARDIAN

/_/ Emergency Guardian for up to 15 day period based upon life threatening situation or situation involving emergency care where no other person appears to have authority to act under the circumstances

/_/ Health Care Guardian for up to 90 days where there is no guardian, where there are two certifications of incapacity under D.C. Code, sec.21-2204 and where no other person appears to have authority to act under the circumstances

/_/ Provisional Guardian for up to six months based upon finding that any guardian is not effectively performing his or her duties and that the welfare of the ward requires immediate action

/_/ Extension of appointment of an Emergency Guardian to serve as Health Care Guardian

/_/ Extension of appointment of a Health Care Guardian for an additional 90 days

1. _____
Name of petitioner

Address of petitioner

Telephone number of petitioner

Petitioner's relationship to subject of the proceeding

2. _____ Age _____
Name of alleged incapacitated person

Residence of alleged incapacitated person

3. This Court has jurisdiction because:
The alleged incapacitated person is physically present in the District of Columbia or is domiciled in the District of Columbia.

4. (a) /_/ The appointment of an emergency guardian is necessary because there is no guardian, no other person appears to have authority to act under the circumstances and a life threatening situation or situation involving emergency care exists:

(1) if a life threatening situation, please state the nature of the life threatening situation _____
_____; or

(2) if a situation involving emergency care (meaning immediate treatment, including diagnostic treatment, provided in response to a sudden, acute and unanticipated medical crisis in order to avoid injury, extreme pain, impairment, or death), please state the nature of such situation involving emergency care:

(b) /_/ The appointment of a health care guardian is necessary because there is no guardian and the incapacity of the proposed ward has been certified pursuant to D. C. Code, sec. 21-2204 by two professionals, one of whom is a physician and one of whom is a qualified psychologist or psychiatrist and one of whom has made the examination within 1 day preceding certification; or

(c) /_/ The appointment of a provisional guardian is necessary because the guardian is not effectively performing his or her duties and the welfare of the ward requires immediate action. The name, address and telephone number of the existing guardian is as follows:

The length of time for which a provision guardian is sought is: _____

(d) /_/ The extension of the appointment of an emergency guardian is sought, requesting that hereafter the emergency guardian serve as health care guardian

(e) /_/ The extension of the appointment of a health care guardian is sought for a period up to an additional 90 day based upon the continued incapacity of the subject of this proceeding and the continued need to provide substituted consent in accordance with D. C. Code, sec. 21-2210 for any health care service, treatment or procedure or based upon the filing of a petition for limited or general guardian prior to the expiration of the appointment of the health care guardian which has not yet been heard by the Court.

5. The alleged incapacity of the subject of this proceeding
/_/_ does /_/_ does not arise out of mental retardation.
6. For requests for an emergency guardian or health care guardian,
/_/_ Petitioner has attached two certifications of incapacity in
accordance with D. Code, sec. 21-2204 and requests that the
appointment of an examiner be waived; or
/_/_ Petitioner has not attached two certifications of incapacity in
accordance with D. C. Code, sec. 21-2204, and an examiner must be
appointed; or
/_/_ Petitioner has filed the certificates of incapacity and requests
appointment of an examiner.
7. (a) /_/_ Petitioner requests the appointment of a Guardian Ad Litem
for the subject of the proceeding for the following purposes:
/_/_ To assist the subject to determine his or her own interests
in regard to this proceeding
/_/_ To determine the interests of the subject of the proceeding
because the subject is /_/_ unconscious or /_/_ otherwise wholly
incapable of determining his or her interest in this proceeding even
with assistance.
- (b) /_/_ Appointment of a Guardian Ad Litem is not necessary.
8. If there is any person who otherwise appears to have authority to act
under the circumstances, please provide a detailed explanation of why
appointment of either an emergency guardian or health care guardian
is being sought by the petitioner:

9. Listed below are the names, addresses and telephone numbers of the persons to whom notice will be send pursuant to SCR-PD 325:

Name of Subject of the Proceeding

Spouse or domestic partner or if none and adult child(ren) or if none parents or if none adult sibling

If none of the above, at least one of the nearest adult relatives if such person can be found

Any person serving a guardian or conservator or who has care and custody of the subject

Any counsel known to petitioner

Persons nominated in subject's durable power of attorney to be guardian and conservator

Any previously appointed guardian or conservator

10. Petitioner seeks the appointment of an emergency or health care guardian with the following powers:

All powers under D.C. Code, sec. 21-2047b(b), including

The power to grant, refuse, or withdraw consent to medical examination and health care treatment for which the individual has been deemed incapacitated pursuant to D. C. Code, sec. 21-2204;

The power to obtain medical records for the purposes of providing substituted consent pursuant to D. C. Code, sec. 21-2210;

The power to exercise the status of a legal representative under Chapter 12 of title 7.

For a health care guardian only and in the absence of a durable power of attorney for health care, all powers under D. C. Code, sec. 21-2210, including

The power to grant, refuse or withdraw consent on behalf of the patient with respect to the provision of any health-care service, treatment or procedure; and/or

Certain enumerated powers as follows: _____

// For a provisional guardian, petitioner seeks the appointment of: (if specific appointment sought)

Name

Address

Telephone number

VERIFICATION

I, _____, being first duly sworn on oath or (or I, _____, affirm), depose and say that I have read the foregoing pleadings by me subscribed and that the facts stated therein are true to the best of my knowledge, information and belief.

Signature of Petitioner

Subscribed and sworn to before me this ____ day of _____, 20__.

CERTIFICATE OF SERVICE

I hereby certify that on the ____ day of _____, 20__, a copy of the foregoing was served by first class mail postage prepaid upon the following parties to the above captioned case and persons granted permission to participate pursuant to SCR-PD 303 and persons who requested notice pursuant to SCR-PD 304.

Signature of Petitioner

Counsel for Petitioner

Address, Telephone Number and Bar Number