

**Superior Court of the District of Columbia
PROBATE DIVISION**

IN RE:

Intervention Proceeding

No. _____

An Adult

**PETITION FOR APPOINTMENT OF
FIFTEEN DAY TEMPORARY GUARDIAN**

1. _____
(Name of Petitioner)

(Address of Petitioner)

(Interest of Petitioner)

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 a guardian is necessary because of the following incapacity (See information sheet for statutory definition of incapacity.)

(b) The nature of the life threatening emergency is:

(c) The following authority for the guardian is requested:

5. Petitioner proposes that _____ be appointed temporary guardian. (If a particular person is proposed to be appointed, list name, address and telephone number and submit form of acceptance with this petition.)
6. Petitioner will send a D.C. Code §2042 Notice to each interested person whose name, address, telephone number and relationship to the alleged incapacitated person is set forth below. See information sheet.)

VERIFICATION

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

 (Signature of Petitioner)

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

 Notary Public

CERTIFICATE OF SERVICE

I hereby certify that on the ____ day of _____, 19____, 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 No. and Bar No.

**Superior Court of the District of Columbia
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No. _____

An Adult

**ACCEPTANCE OF TEMPORARY GUARDIAN AND
CONSENT TO JURISDICTION**

I do hereby accept the duties of the office of temporary guardian of

(Name of Alleged Incapacitated Person)

and consent to personal jurisdiction in any action instituted in the District of Columbia by any interested person against me as guardian arising out of duties of my office. If a non-resident. I do hereby irrevocably appoint the Register of Wills and successors in office as the person upon who all notice and process issued by a competent court in the District of Columbia may be served with the same effect as personal service in relation to all suits or matters pertaining to the proceeding in which letters of guardianship shall issue.

Signature

Name

Address

Telephone Number

Date

Superior Court of the District of Columbia
PROBATE DIVISION

IN RE:

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No. _____

An Adult

ORDER

Upon consideration of the Petition for the Appointment of a fifteen day temporary guardian filed herein on the _____ day of _____, 19____, it is.

ORDERED, THAT _____ is hereby appointed counsel to represent _____, the alleged incapacitated person, pursuant to D.C. Code §21-2046 (a).

Judge

Copies To:

(List above by name and address the following: Petitioner, Counsel for Petitioner, Counsel for incapacitated person, Temporary Guardian, Subject and Interested Persons)

**Superior Court of the District of Columbia
PROBATE DIVISION**

IN RE:

Intervention Proceeding

No. _____

An Adult

ORDER APPOINTING FIFTEEN DAY TEMPORARY GUARDIAN

Upon consideration of the petition for appointment of a fifteen day temporary guardian filed herein this _____ day of _____, 19 ____, by _____, it is by the Court this _____ day of _____, 19 ____,

ORDERED that _____ is hereby appointed Temporary Guardian;* and if is further

ORDERED that the temporary guardian has the following powers:

_____ and

it is further

ORDERED that the following other relief is granted:

Judge

Copies To:

(List above by name and address the following: Petitioner, Counsel for Petitioner, Counsel for incapacitated person, Temporary Guardian, Subject and Interested Persons)

I hereby certify that the following is a true copy.

Register of Wills

*Pursuant to D.C. Code Section 21-2046(a) [1989 Repl. Vol. To 1981 Ed.] the effectiveness of this Order shall expire no later than fifteen (15) days from the date of entry.

