

Guardianship Application Notice for Medical Decision-Making

Date: [Insert Date]

To Whom It May Concern,

Subject: Application for Guardianship for Medical Decision-Making

I, [Applicant's Name], residing at [Applicant's Address], am writing to formally notify you of my intention to apply for guardianship of [Name of Individual] for the purpose of medical decision-making. This application is prompted by [briefly explain reasons for guardianship related to medical decisions].

Following the applicable laws and procedures, I intend to file my application with the [Insert Court Name] on [Insert Filing Date]. As the prospective guardian, my priority is to ensure [Name of Individual] receives all necessary medical care and support.

Please be advised that this notice is being sent to inform all concerned parties of my intent to pursue guardianship and to allow for any responses or considerations prior to the court hearing.

If you have any questions or require additional information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Relationship to the Individual]