

**DESIGNATION OF STANDBY GUARDIAN**

Pursuant to New York Surrogate's Court Procedure Act § 1726

I, \_\_\_\_\_, am the mother/father/legal custodian of the following child(ren):

\_\_\_\_\_, born on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, born on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, born on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, born on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, born on \_\_\_\_\_, \_\_\_\_\_

I hereby designate the following individual as Standby Guardian of the person and property of the children listed above:

**Name of Standby Guardian:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**County:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

The Standby Guardian's authority shall take effect if and when any of the following conditions are met:

1. My doctor concludes that I am mentally incapacitated rendering me unable to care for the child(ren) listed above; or
2. My doctor concludes that I am physically debilitated and thus unable to care for my child(ren) and I consent in writing before two witnesses to the Standby Guardian's authority taking effect, or
3. In the event of my death.

In the event the person I designate as the Standby Guardian is unable or unwilling to act as guardian for my child(ren), I hereby designate as the alternate Standby Guardian:

**Name of Alternate:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**County:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

I understand that the Standby Guardian's authority will cease sixty days after it begins unless by such date the Standby Guardian petitions the court for appointment as guardian.

I also understand that I retain full parental rights even after the start of the Standby Guardian's authority, whether by designation or by judicial Order, and that I can revoke the standby guardianship at any time.

I further authorize the Standby Guardian to request, receive and review, and be granted full and unlimited access to, and obtain complete unredacted copies of any and all of health, medical, financial information and/or any information and/or records and have executed an authorization form in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, for each child listed above.

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

By: \_\_\_\_\_ (initial here if signing for the "parent")

The name, relationship and address of the person signing for the "parent" is as follows:

Name \_\_\_\_\_ Relationship to "parent" \_\_\_\_\_

Address \_\_\_\_\_

**Witness Declaration**

I declare that the person \_\_\_\_\_, whose name appears above, signed this document in my presence, or was physically unable to sign and asked another to sign this document, who did so in my presence. I further declare that I am at least eighteen years old and am not the person designated as standby guardian or alternate.

**Witness Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Consent of Standby Guardian**

I, \_\_\_\_\_, the standby guardian designated herein by \_\_\_\_\_, hereby acknowledge receipt of the within designation and give my consent to my designation as the Standby Guardian.

**Date:** \_\_\_\_\_      **Signed:** \_\_\_\_\_

**For each child, attach the following documents:**

\_\_\_\_\_

Birth Certificate

\_\_\_\_\_

Marriage Certificate or Order of Filiation/Paternity for other parent

\_\_\_\_\_

Death Certificate for other parent

\_\_\_\_\_

Any documents related to other parent: Divorce Decree, Order of Custody/  
Visitation/Support, Order of Termination of Parental Rights, etc.