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STATE OF NEW YORK
SURROGATE'S COURT : COUNTY OF



Proceeding for the Appointment of a
Guardian for

Pursuant to SCPA Article 17-A

**AFFIDAVIT OF
PROPOSED GUARDIAN
(For Non-Parent)**



STATE OF NEW YORK)
COUNTY OF) ss.:

The undersigned _____, being duly sworn, deposes and says:

① I am seeking guardianship of Ward's:
 Person Property Person & Property Limited Guardian of Property

② I am a competent person over eighteen (18) years of age and I submit this affidavit in support of my petition to be appointed Guardian of a:
 Mentally Retarded Developmentally Disabled person

③ I have known the Ward since _____ by reason of the following:
(State relationship, if any.)

④ I reside at _____, and the other resident members of the household are: *(Include all persons residing there and their dates of birth. Use additional sheets of paper if necessary.)*

Name: _____	Date of Birth: <u> / / </u>
Name: _____	Date of Birth: <u> / / </u>
Name: _____	Date of Birth: <u> / / </u>

⑤ My educational background is as follows:

⑥ Not including minor traffic offenses and adjudications as a youthful offender or juvenile delinquent,

a. I have never been convicted of an offense against the law, *except*:

b. I have never forfeited bail or other collateral, *except*:

c. I don't have any criminal charges pending against me, *except*:



7

I have no physical or mental impairment, or medical condition, which would interfere with my ability to perform the duties of Guardian of the

- Mentally Retarded
- Developmentally Disabled person, *except*:



8

I am not addicted to narcotics or alcohol.

9

I am willing and able to undertake the care, custody and control of Ward until the court determines otherwise.



10

I believe that my appointment as Guardian would be in the best interests of the Ward for the following reasons: *(Use additional sheets of paper if necessary.)*



Signature

Print name

Sworn to before me this _____
day of _____, 20____.



Notary Public