

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF

Proceedings for the Appointment of a  
 Guardian of the Person  
 Standby Guardian  
 Permanent Guardian  
 Kinship Guardian  
(subsidized kinship guardian program)

Docket No.  
Family File No.  
 CONSENT OF PERSON  
OVER 18 YEARS OF AGE  
 PREFERENCE OF MINOR  
OVER 14 YEARS OF AGE REGARDING  
APPOINTMENT OF GUARDIAN

of  
A Person Under the Age of 21

State of New York :

: ss.:

County of :

I am the person under the age of 21 who is the subject of this proceeding. I was born on [specify date and year of birth]:  
[Check applicable box(es)]:

I am over the age of 18, I have read the petition and believe it to be true and I consent to the appointment of [specify name of proposed guardian]:  
as the:  Guardian of my Person  Standby Guardian  Permanent Guardian  
 Kinship Guardian (subsidized kinship guardian program)<sup>1</sup> until I reach the age of 21.

I am over the age of 14 and under the age of 18, I have read the petition and believe it to be true, and I [check applicable box]:  join in  oppose  do not have a preference regarding the request for the appointment [specify name of proposed guardian]: as the:  
 Guardian of my Person  Standby Guardian  Permanent Guardian  Kinship Guardian (subsidized kinship guardian program).

Sworn to this \_\_\_ day  
of \_\_\_\_\_,

Signature of Subject of Proceeding

Print or type name

(Deputy Clerk of the Court)  
(Notary Public)

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

<sup>1</sup> While the appointment of the guardian continues until I reach the age of 21, I understand that payments under the subsidized kinship guardian program will only continue if the application for payments was made after my 16<sup>th</sup> birthday AND the social services district determines that: (i) I am completing secondary education or a program leading to an equivalent credential; (ii) I am enrolled in an institution providing post-secondary or vocational education; (iii) I am employed for at least eighty hours per month; (iv) I am participating in a program or activity designed to promote, or remove barriers to, employment; or (v) I am incapable of any of the above activities due to a medical condition regularly documented in my case plan.