



GUARDIAN'S AFFIRMATION OF VIEWING ON-LINE

Article 81 Lay Guardian Training Program

NAME OF GUARDIAN:

COUNTY OF GUARDIANSHIP:

ADDRESS:

APT#:

CITY:

STATE:

ZIP:

DAY PHONE:

E-MAIL:

NAME OF INCAPACITATED PERSON:

INDEX #:

CODE: PART 1

PART 2

PART 3

The certificate will not be issued without the correct codes for each part.

I AFFIRM THAT I HAVE VIEWED THE ON-LINE ARTICLE 81 LAY GUARDIAN TRAINING PROGRAM IN ITS ENTIRETY.

SIGNATURE

DATE:

Please print, sign and date the form before sending to the street address, fax number or e-mail address below.

Please return completed form to:

Guardian Assistance Network (GAN)

King County Supreme Court, 360 Adams Street, Room 723, Brooklyn, NY 11201

TELEPHONE: 347-296-1948 FAX: 212-618-5856 E-MAIL: GAN@nycourts.gov

Upon receipt of a completed Affirmation, a Certificate of Completion will be mailed to the address of guardian listed above.