

Instructions for Guardianship Packet

Do not make copies of these instructions, as they are for your information only.

All forms must be completed with black ink only, and printed legibly.

To satisfy the legal requirements to have your petition for guardianship considered, every question must be answered on the petition and applicable forms, and required documents must be attached. Failure to do so may result in the dismissal of your petition.

These forms and instructions are available in the General Clerk's Office, Room 108, in the Nassau County Family Court at 1200 Old Country Road, Westbury, NY and on the Nassau County Family Court website at www.nycourts.gov/courts/10jd/nassau/family.shtml .

The following are required to file your petition:

- | | |
|---|--|
| ● Petition (Form 6-1)→ | original; if you file the petition in person and you bring an extra copy, 1 copy will be stamped by the court and given back to you as proof of filing, |
| ● Certified Copy of Birth Certificate→ | 1 copy, |
| ● Oath and Designation for Service of Process (Form 6-2)→ | original, |
| ● Consent of Person Over Age 18 or Preference of Minor Over Age 14 (Form 6-3), if applicable→ | original, |
| ● Request for Information Guardianship Form (OCFS-3909)→ | original, |
| ● Nassau County Family Court (NCFC) Information Sheet→ | original, one or more, to include each petitioner and person in section 7 of the petition, and for <i>the subject</i> if <i>the subject's</i> address is confidential. |

In addition, the following are required to have your petition considered:

- | | |
|--|---|
| ● Certified Copy of Death Certificate(s), if applicable→ | 1 copy for each deceased person in section 7 of the petition, |
| ● Waiver of Process, Renunciation, Consent to Letters of Guardianship (Form 6-4), if applicable→ | original for each person in section 7 of the petition. |

.....
Proceeding for the Appointment of a Guardian of
the Person of

PETITION for Appointment as
Guardian of a Person

Print the name of the person under the age of 21 here

First M.I. Last

A Person Under the Age of 21
.....

File # _____	leave blank
Docket # _____	leave blank
(Court use only)	

The following refers to the numbered sections of the petition:

1. Print the name of the person under the age of 21, who is *“the subject”* of this petition.
2. Petitioner (1)- Information: You are the petitioner (proposed guardian). Print your name, date of birth, address (where you reside or where you are temporarily located, including zip code), and your relationship to *the subject*, including whether you are on the maternal or paternal side of the family.

The family court does not share personal information with the public, but petitions are provided to all parties. If your address is not known to the party(ies) in section 7 and you are requesting that your address be kept confidential from the party(ies) in section 7: print the word CONFIDENTIAL on the address line; include your address on the NCFC Information Sheet; check box on the NCFC Information Sheet directly below the section for your address, which asks if you are requesting to keep your address confidential.

Petitioner (2)- Information: If there is only one petitioner, leave all sections regarding petitioner (2) blank. For a 2nd petitioner (proposed guardian), print your name, date of birth, address (where you reside or where you are temporarily located, including zip code), and your relationship to *the subject*, including whether you are on the maternal or paternal side of family.

The family court does not share personal information with the public, but petitions are provided to all parties. If your address is not known to the party(ies) in section 7 and you are requesting that your address be kept confidential from the party(ies) in section 7: print the word CONFIDENTIAL on the address line; include your address on the NCFC Information Sheet; check box on the NCFC Information Sheet directly below the section for your address, which asks if you are requesting to keep your address confidential.

Pages 1-2

3. Person Under the Age of 21
- Information: Print *the subject’s* name, date of birth, check one box for *the subject’s* sex, and print *the subject’s* address (including zip code).

Check box if the birth certificate is attached. The birth certificate must be attached if the petitioner is a parent or if a parent is consenting to the order of guardianship or if *the subject* is age 18 or older.

*The family court does not share personal information with the public, but petitions are provided to all parties. If the child(ren)'s address is not known to the respondent(s) and you are requesting that the child(ren)'s address be kept confidential from the respondent(s), print the word CONFIDENTIAL on the address line; print the child(ren)'s name(s), address(es) and the word CONFIDENTIAL on an additional sheet of paper and attach it to the NCFC Information Sheet only.

If *the subject's* address is not known to the party(ies) in section 7 and you are requesting that *the subject's* address be kept confidential: print the word CONFIDENTIAL on the address line; a NCFC Information Sheet must be filled out for *the subject*. Change the word Petitioner or Respondent in the caption on the NCFC Information Sheet to the words *THE SUBJECT*; include *the subject's* address on the NCFC Information Sheet; check box on the NCFC Information Sheet directly below the section for *the subject's* address, which asks if you are requesting to keep your address confidential.

Page 2

4. Check one box. If yes, you must make notifications to the parent(s) and/or current guardian(s)/custodian(s) and to the tribe/nation, that you are filing this petition. If any of this information is unknown and therefore notification cannot be made, you must notify the United States Secretary of the Interior. Print the names of the parent(s) and/or current guardian(s)/ custodian(s) and the dates the notifications were made.
5. Print the name and relationship of the person *the subject* lives with. If it is you, then print your name and your relationship to *the subject*.
6. Print the religion of *the subject*.

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7. Follow the directions and complete the chart in it's entirety. N/A stands for not applicable. Paternity is established when the parents are married, or by a court ordered Order of Filiation, or by both parents signing an Acknowledgment of Paternity in the hospital at birth or with the Department of Health. If both parents are deceased, the adult next of kin is the closest living relative to *the subject*. Adoption, legal guardianship and custody in section 7e. refer to a person who is not a birth parent and has received an order from a court providing for the adoption, guardianship or custody of *the subject*. If *the subject* has been adopted, the information for birth mother and birth father is not required and N/A should be printed under the Name column in sections 7a. and 7b.

The family court does not share personal information with the public, but petitions are provided to all parties. If the address is not known to the other party(ies) in section 7 and you are requesting that the address be kept confidential from the other party(ies) in section 7: print the word CONFIDENTIAL on the address line; include the address on the NCFC Information Sheet; check box on the NCFC

Information Sheet directly below the section for the address, which asks if you are requesting to keep the address confidential.

8a., 8b., 8c.

Be specific with your answers. Answer all three parts of the question.

Page 4

9. Check one box. If yes, print the name and include this person in section 7e.

Pages 4 - 8

10., 10a., 10b., etc.

This section is asking about you, the petitioner. There are separate sections for petitioner (1) and petitioner (2). Each section must be answered separately if there are two petitioners. If there is only one petitioner, do not answer any questions for petitioner (2). Answer each part of these sections carefully as each section is different. Use additional sheets of paper if necessary.

Pages 8 - 10

11., 11a., 11b., 11c., etc.

Print the information requested for each person over the age of 18 (other than yourself) living in your household. Use additional sheets of paper if necessary. Answer each part of these sections carefully as each section is different. If one section applies to more than one adult in your household, provide the information for each separately on additional sheets of paper.

Page 10

12. Enter information if one or both parents are living. If both parents are deceased, print the word DECEASED.

13a., 13b.

Section 13a. applies if *the subject* is over the age of 18 and has consented to the appointment of the guardian. Check Yes and attach the completed form.

Section 13b. applies if *the subject* is over 14, but not yet 18 and has expressed a preference for the appointment of the guardian. Check Yes and attach the completed form.

If *the subject* is under the age of 14, do not check any boxes.

14. Section 14 should be true. If not, go back to section 7 and list them.

Page 11

15. Check one box and give specific information, if applicable.

16. Check only one box.

DATED: fill in the date you sign the petition

Sign and print your name on the lines provided above the 1st VERIFICATION heading.

Pages 11 - 12

VERIFICATION

When all the questions in your petition are complete, it must be notarized. The 1st VERIFICATION is for petitioner (1). Print the state and county where the form is notarized in the spaces provided. Sign your name in front of a notary. The 2nd VERIFICATION is for petitioner (2), if applicable.

Instructions for Oath and Designation for Service of Process (Form 6-2)

One separate form must be completed for each petitioner. Fill in the name of the subject in the caption. Print your name on the first line. Print your permanent address. Sign your name in front of a notary.

Instructions for Consent of Person Over Age 18/ Preference of Minor Over Age 14 (Form 6-3), if applicable

This form is required if *the subject* is over the age of 14 at the time of the filing of the petition. Fill in the caption. Check ✓ one box for Consent of Person Over 18 and Under Age 21... or Preference of Minor Over Age 14 and Under Age 18.....to the right of the caption. Print the state and county where the form is notarized in the spaces underneath the caption. Fill in the date of birth of *the subject*. Check ✓ one box and print the name of the petitioner(s). *The subject* must sign his/her name in front of a notary.

Instructions for Request for Information Guardianship Form (OCFS-3909)

Please leave the top portion of the form blank. This will be filled in by court personnel. If you obtain this form by mail or in person, this form will be one page that is two-sided. If you obtain this form from our website, this form will be two pages that are one-sided. Both will be accepted for filing.

Section 1 Information Concerning Proposed Guardian(s) and Members of the Household

- 1st proposed guardian is petitioner (1): Print your last name, first name, middle initial, sex, date of birth in the spaces provided on the first line.
- On the second line to the right of the Maiden or Alias, for petitioner (1), print your maiden name and/or alias. If you do not have one, print the word NONE in the Last Name column. If you have more than one, print the information on a separate sheet of paper clearly identified and attach it to the form. Failure to complete this line will result in a return of your form for corrections.
- 2nd proposed guardian is petitioner (2): If two people are applying for guardianship and reside in the same household, print the last name, first name, middle initial, sex, date of birth of the second petitioner in the spaces provided on the third line. If there is only one petitioner, print the word NONE in the Last Name column next to the 2nd guardian on the third line.
- If there are two petitioners, then on the fourth line, print the words Maiden or Alias under the Relationship to Guardian column. For petitioner (2), print your maiden name and/or alias. If you do not have one, print the word NONE under the Last Name column. If you have more than one, print the information on a separate sheet of paper, clearly identified and attach it to the form.

- The blank spaces beginning with the fourth line or fifth line are to be used to print the information for all persons, including children, living in the household of the proposed guardian(s), including the person under the age of 21 who is *the subject* of the petition. For each line, under the Relationship to Guardian column print:

E- if the person is 18 years old or older,

F- if the person is a member of your family and under the age of 18,

O- if the person is not a member of your family and is under the age of 18.

Then print their last name, first name, middle initial, sex, date of birth. If there are more people in your household than there are lines, then print the additional information on a separate sheet of paper clearly identified and attach it to the form.

Section 2 Provide your current address and any other addresses at which you have resided for the last 28 years.

- Print all addresses from the present going back 28 years. Print your current address 1st, the date you moved in (in the From column) and the present date (in the To column). If you are under the age of 28, then your addresses must go back to your date of birth.
- Be as specific as possible. If you do not remember the exact date, give the approximate date. You must provide at least a month and year for each From and To date. Do not leave any gaps in time for 28 years.
- If you were not living in the USA you still need to list those addresses.
- If you lived at more than six addresses, then print the additional information under Section 4 Additional Addresses. Print your name first and then the address for each address in Section 4.

Section 3 Provide address history for 2nd Proposed Guardian. If none provide address history for one other person 18 years old or older, who resides with you.

- Print the name again and print all addresses for that person going back 28 years. Print the current address 1st, the date the person moved in (in the From column), and the present date (in the To column). If the person is under the age of 28, then the addresses must go back to his/her date of birth.
- Be as specific as possible. If the person does not remember the exact date, give the approximate date. You must provide at least a month and year for each From and To date. Do not leave any gaps in time for 28 years.
- If the person was not living in the USA, those addresses still need to be listed.
- If the person lived at more than four addresses, then print the additional information under Section 4 Additional Addresses. Print the name first and then the address.
- When all the lines are filled in Section 4, print all the information on an additional sheet of paper and attach it to the form.

Section 4 Repeat the process in this Section or on additional sheets of paper for each additional person 18 years or older who resides with you.

Fill out the form carefully and submit it when you are filing your petition. If you do not complete the OCFS-3909 correctly, the form will be returned to you for correction. If the OCFS-3909 is not submitted timely and results are not received by the court date assigned, the petition may be dismissed for failure to pursue. Do not send your form to the address listed on the bottom of the second page. You must submit an original.

Instructions for Nassau County Family Court Information Sheet

You are the petitioner (proposed guardian). Print your information under the Petitioner section. If there is more than one petitioner (proposed guardian), then you will need a 2nd NCFC Information Sheet for 2nd petitioner (proposed guardian). Information is also required for each living person named in section 7 of the petition and should be provided separately in the section marked Respondent. More than 1 NCFC Information Sheet may be required. Follow instructions on the NCFC Information Sheet. Fill out each section to the best of your ability and print the word UNKNOWN for any information that is unknown (Do not leave any sections blank).

Instructions for Waiver of Process, Renunciation, Consent to Letters of Guardianship (Form 6-4), if applicable

Waiver of Process, Renunciation or Consent to Letters of Guardianship or “Consent Form” for short- this document is the consent of the parent(s) and/or current guardian(s)/custodian(s) for you to have guardianship of the child. The form needs to be filled out and signed by the parent(s) and/or current guardian(s)/custodian(s) in front of a notary. This form is not to be signed by you as you are the petitioner (proposed guardian). If the parent(s) and/or current guardian(s)/custodian(s) is living far away or not in the United States, this document must be sent to them to be signed, notarized and returned to you. In lieu of this document, a notarized letter from each of them consenting to you having guardianship will be accepted. Your petition may still be filed if this form is not available to you at the time of filing. If you are unable to secure the consent of the parent(s) and/or current guardian(s)/custodian(s) you will be required to have them personally served with a summons and petition. You will be asked about this when you submit the petition. If the parent(s) and/or current guardian(s)/custodian(s) are deceased the form is not required. Bring a certified copy of the death certificate(s) instead.

When all necessary forms to file your petition are completed and notarized, attach the certified copy of the birth certificate to the Petition for Appointment as Guardian of a Person (Form 6-1); attach the Oath and Designation for Service of Process (Form 6-2); if applicable, attach Consent of Person Over Age 18 and Under 21... or Preference of Minor Over Age 14 and under Age 18... (Form 6-3); attach the Request for Information Guardianship Form (Form OCFS-3909); attach the NCFC Information Sheet(s); if applicable, attach the Waiver of Process, Renunciation, Consent to Letters of Guardianship (Form 6-4) for each person listed in Section 7 of the petition; and if applicable, attach 1 certified copy of each death certificate.

Bring the set of all forms to the General Clerk’s Office, Room 108 of the Nassau County Family Court between the hours of 9:00 am and 4:45 pm.

or - mail to :

**Nassau County Family Court
1200 Old Country Road
Westbury, NY 11590
Attn: General Clerk’s Office, Room 108**

If you file in person and you bring an extra copy, the copy will be stamped by the court and given back to you as proof of filing.

Once your petition is filed, you will receive a Fingerprinting Form directing you and all persons over age 18 who are living in your household to be fingerprinted; you will also receive a Notice to Appear in Court notifying you of your court date. Failure to timely comply with fingerprinting, and failure to appear on your court date may result in dismissal of your petition.

F.C.A. § 661
S.C.P.A. §§ 1701-1704

Form 6-1
Appointment as Guardian
of a Person
3/2009
NCFC 3/2015

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

.....
Proceeding for the Appointment of a Guardian of
the Person of

PETITION for Appointment as
Guardian of a Person

_____,
First M.I. Last

A Person Under the Age of 21
.....

FILE # _____
DOCKET # _____
(Court use only)

TO THE FAMILY COURT:

The petitioner respectfully alleges to this court that:

1. I(We) am(are) submitting this petition in order to be appointed guardian of _____ ,
a person under the age of 21, who is "the subject" of this petition.

2. Petitioner (1) - Information:
Name: _____
Date of Birth: _____ / ____ / ____
*Address: _____

Relationship to *the subject*:

Petitioner (2) - Information, if applicable:
Name: _____
Date of Birth: _____ / ____ / ____
*Address: _____

Relationship to *the subject*:

***If address is not known to the party(ies) in section 7, and you are requesting that your address be kept confidential, print the word CONFIDENTIAL above and print your address on the NCFC Information Sheet only.**

3. The person under the age of 21, who is *the subject* of this petition - Information:
Name: _____
Date of Birth: _____ / ____ / ____
Sex: Male Female

**Address: _____

A certified copy of the birth certificate is attached.

****If address is not known to the party(ies) in section 7, and you are requesting that *the subject's* address be kept confidential, print the word CONFIDENTIAL above and print *the subject's* address on the NCFC Information Sheet only.**

4. Is *the subject* of this petition a Native American child subject to the Indian Child Welfare Act of 1978 (25 U.S.C. § § 1901-1963)?

Yes No

If no, skip this section and go to number 5.

If yes, the parent(s) and/or custodian(s) and the tribe/nation are all required to be notified of this petition. Specify the names and the dates of the notification. If any of this information is unknown, the United States Secretary of the Interior is required to be notified of this petition. Specify the date of the notification.

Name of the parent(s): _____

Date of notification: ____ / ____ / ____

Name of the custodian(s): _____

Date of notification: ____ / ____ / ____

Name of the tribe/nation: _____

Date of notification: ____ / ____ / ____

United States Secretary of the Interior:

Date of notification: ____ / ____ / ____

5. The name(s) and relationship(s) of the person(s) with whom *the subject* of this petition resides:

Name(s): _____

Relationship(s) to *the subject*: _____

6. Upon information and belief, the religion of *the subject* of this petition is _____.

7. Fill in the following information completely. If the information is unknown, print the word UNKNOWN under the Name column. If the information does not apply, print N/A under the Name column.

Relationship	Name	*Address	Deceased? Yes/No
7a. Birth mother:		_____ _____	
7b. Birth father: Paternity established: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		_____ _____	
7c. Person with whom <i>the subject</i> resides, if other than the parents or petitioner:		_____ _____	
7d. Adult next of kin, if birth parents are deceased:		_____ _____	
7e. Person who has adopted or received legal guardianship or custody of <i>the subject</i> :		_____ _____	

***If address is not known to the other party(ies) in this section, and you are requesting that the address be kept confidential, print the word CONFIDENTIAL above and print the party's address on the NCFC Information Sheet only.**

- 8a. State why you, the petitioner(s), should be appointed the guardian of *the subject* of this petition:

- 8b. State why this would be in the best interest of *the subject*, and how this would preserve his/her legal rights: _____

- 8c. Specify the facts regarding your suitability, ability and commitment as the petitioner(s) to assume full legal responsibility and raise him/her to adulthood: _____

9. Upon information and belief, has there been any person previously appointed guardian of *the subject* of this petition, pursuant to will or deed, or guardian of the person pursuant to Social Services Law § 384 or § 384-b?

- Yes No

If yes, specify name of guardian: _____

10. Petitioner (1) - Name: _____

Upon information and belief, [check all applicable boxes]:

10a. Petitioner (1)

I have never been named in an indicated report, as such term is defined in the Social Services Law §412, that has been filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant Social Services Law §422.

I was named in an indicated report, as defined in the Social Services Law §412, that was filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant to Social Services Law §422.

Date of the report: ____ / ____ / ____

What is the status and what were the circumstances of the report to the extent known?

Was *the subject* of this petition the subject of the report?

- Yes No

I am currently named in a report, as defined in the Social Services Law §412, filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant to Social Services Law §422, that remains under investigation.

Date of the report: ____ / ____ / ____

What is the status and what were the circumstances of the report to the extent known?

Was *the subject* of this petition the subject of the report?

- Yes No

10b. Petitioner (1)

I have never been named in, or was a respondent in, a child protective proceeding pursuant to Article 10 of the Family Court Act.

I have been named in, or was a respondent in, a child protective proceeding pursuant to Article 10 of the Family Court Act.

Did the proceeding result in an order finding that a child was/children were abused or neglected?

Yes No

Date of the proceeding: ____ / ____ / ____

What is the status and what were the circumstances of the proceeding to the extent known?

Was *the subject* of this petition the subject of the proceeding?

Yes No

10c. Petitioner (1)

I have never been named in an Order of Protection or Temporary Order of Protection in any Criminal, Matrimonial or Family Court proceeding(s).

I have been named in an Order of Protection or Temporary Order of Protection in a Criminal, Matrimonial or Family Court proceeding(s) as follows:

The court name: _____

Docket/Index #: _____

Were you protected or restrained by the order?

Protected Restrained

Date of order: ____ / ____ / ____

Expiration date of order: ____ / ____ / ____

Next court date: ____ / ____ / ____

What is the status and what were the circumstances of the order to the extent known?

Was *the subject* of this petition the subject of the order?

- Yes No

If more than one order, fill out the above with the most recent order. For additional orders, all requested information should be provided on a separate page and attached.

10. Petitioner (2) - Name: _____

Upon information and belief, [check all applicable boxes]:

10a. Petitioner (2)

I have never been named in an indicated report, as such term is defined in the Social Services Law §412, that has been filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant Social Services Law §422.

I was named in an indicated report, as defined in the Social Services Law §412, that was filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant to Social Services Law §422.

Date of the report: ____ / ____ / ____

What is the status and what were the circumstances of the report to the extent known?

Was *the subject* of this petition the subject of the report?

- Yes No

I am currently named in a report, as defined in the Social Services Law §412, filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant to Social Services Law §422, that remains under investigation.

Date of the report: ____ / ____ / ____

What is the status and what were the circumstances of the report to the extent known?

Was *the subject* of this petition the subject of the report?

- Yes No

10b. Petitioner (2)

- I have never been named in, or was a respondent in, a child protective proceeding pursuant to Article 10 of the Family Court Act.
- I have been named in, or was a respondent in, a child protective proceeding pursuant to Article 10 of the Family Court Act.

Did the proceeding result in an order finding that a child was/children were abused or neglected?

- Yes
- No

Date of the proceeding: ____ / ____ / ____

What is the status and what were the circumstances of the proceeding to the extent known?

Was *the subject* of this petition the subject of the proceeding?

- Yes
- No

10c. Petitioner (2)

- I have never been named in an Order of Protection or Temporary Order of Protection in any criminal, matrimonial or family court proceeding(s).
- I have been named in an Order of Protection or Temporary Order of Protection in a criminal, matrimonial or family court proceeding(s) as follows:

The court name: _____

Docket/Index #: _____

Were you protected or restrained by the order?

- Protected
- Restrained

Date of order: ____ / ____ / ____

Expiration date of order: ____ / ____ / ____

Next court date: ____ / ____ / ____

What is the status and what were the circumstances of the order to the extent known?

Was *the subject* of this petition the subject of the order?

- Yes No

If more than one order, fill out the above with the most recent order. For additional orders, all requested information should be provided on a separate page and attached.

11. Are there any other adults who are 18 or older who live in your home?

- Yes No

If no, skip this section and go to number **12**.

If yes, provide the requested information for all the other adults who are 18 or older, who live in your home:

1. Name: _____

Date of Birth: ____ / ____ / ____

Relationship to *the subject*: _____

2. Name: _____

Date of Birth: ____ / ____ / ____

Relationship to *the subject*: _____

If more than two adults, all requested information for each additional adult should be provided on a separate page and attached.

11a. None of the adults 18 or older living in my home have ever been the subjects of any indicated reports, as defined in the Social Services Law §412, that were filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant to Social Services Law §422.

The following adults 18 or older living in my home have been the subjects of indicated reports, as defined in the Social Services Law §412, that were filed with the Statewide Register of Child Abuse and Maltreatment pursuant to Social Services Law §422:

Name: _____

Date of report: ____ / ____ / ____

What is the status and what were the circumstances of the report to the extent known?

Was *the subject* of this petition the subject of the report?

- Yes No

If more than one report, fill out the above with the most recent report. For additional reports, all requested information should be provided on a separate page and attached.

- The following adults 18 or older living in my home are the subjects of reports, as defined in the Social Services Law §412, filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant to Social Services Law §422, that remain under investigation:

Name: _____

Date of report: ____ / ____ / ____

What is the status and what were the circumstances of the report to the extent known?

Was *the subject* of this petition the subject of the report?

- Yes No

If more than one report, fill out the above with the most recent report. For additional reports, all requested information should be provided on a separate page and attached.

- 11b.** None of the adults 18 or older living in my home have ever been named in , or were the respondents in child protective proceedings pursuant to Article 10 of the Family Court Act.
- The following adults 18 or older living in my home have been named in , or were the respondents in child protective proceedings pursuant to Article 10 of the Family Court Act:

Name: _____

Did the proceedings result in orders finding that the child is an abused or neglected child?

- Yes No

Date of proceedings: ____ / ____ / ____

What is the status and what were the circumstances of the proceeding to the extent known?

Was *the subject* of this petition the subject of the proceedings?

- Yes No

If more than one case, fill out the above with the most recent case. For additional cases, all requested information should be provided on a separate page and attached.

11c. None of the adults 18 or older living in my home have ever been named in Orders of Protection or Temporary Orders of Protection in any criminal, matrimonial or family court proceeding(s).

The following adults 18 or older living in my home have been named in Orders of Protection or Temporary Orders of Protection in criminal, matrimonial or family court proceeding(s):

Name: _____

Was this adult protected or restrained by the order?

Protected Restrained

Docket/Index #: _____ Date of order: ____ / ____ / ____

What is the status and what were the circumstances of the order to the extent known?

Was *the subject* of this petition the subject of the order?

Yes No

If more than one order, fill out the above with the most recent order. For additional orders, all requested information should be provided on a separate page and attached.

12. The birth parents of *the subject* of this petition [specify names of parents]:

_____, although living, should not be appointed guardian of *the subject* because: _____

13a. Is the person who is *the subject* of this petition over the age of 18, and has he/she consented to the appointment of the guardian?

Yes and a copy of the consent form is attached No

13b. Is the person who is *the subject* of this petition over 14 years of age, but less than 18, and has he/she expressed a preference for the appointment of the guardian?

Yes and a copy of the preference form is attached No

14. There are no persons interested in this petition other than those already listed.

.....
VERIFICATION

STATE OF)
) :ss.:
COUNTY OF)

being duly sworn, says that (s)he is the Petitioner in the above-named proceeding and that the foregoing petition is true to (his) (her) own knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters (s)he believes it to be true.

Petitioner (2) [sign name before notary]

Sworn to before me this _____
day of _____, 20__

Notary Public

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

.....
Proceeding for the Appointment of a Guardian of

Oath and
Designation for Service of
Process

_____,
First M.I. Last

A Person Under the Age of 21
.....

FILE # _____
DOCKET # _____
(Court use only)

_____ being duly sworn, deposes and says:
[print name of petitioner]

(1) OATH OF GUARDIAN:

That I am over 18 years of age and that I will well, faithfully and honestly discharge the duties of guardian of the person, of the above named person under the age of 21, according to law, and that I am not otherwise ineligible to receive letters.

(2) DESIGNATION OF CLERK FOR SERVICE OF PROCESS:

That I do hereby designate the Clerk of the Family Court of Nassau County, and his or her successor in office, as a person on whom service of any process issuing from such court may be made, in like manner and with like effect as if it were served personally upon me whenever I cannot be found and served within the State of New York after due diligence used.

I am permanently residing at: [print complete address]

Petitioner [sign name before a notary]

VERIFICATION

STATE OF _____)

:ss.:

COUNTY OF _____)

On this ____ day of _____, 20____, before me personally came _____ to me personally known to be the same person described in and who executed the foregoing instrument, and to me such person duly acknowledged that he or she executed the same.

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

Notary Public

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**REQUEST FOR INFORMATION GUARDIANSHIP FORM
FOR COURT USE ONLY**

SCR USE ONLY:
Request I.D. #

RESOURCE ID#	COURT LIAISON	AREA CODE/PHONE # () -
DOCKET FILE #	COURT NAME AND ADDRESS	ZIP CODE

Section 1706 of the Surrogate's Court Procedure Act and Section 81.19(g) of the Mental Hygiene Law require that an inquiry be made of the New York Statewide Central Register of Child Abuse and Maltreatment as to whether the proposed guardian or any other individual eighteen years of age or over who resides in the home of the proposed guardian is a Subject of an indicated child abuse or maltreatment report.

Date of Request / /

**INFORMATION CONCERNING PROPOSED GUARDIAN(S)
AND MEMBERS OF THE HOUSEHOLD**

Relationship To Guardian	LAST NAME (Print one letter in each box)	FIRST NAME (Print one letter in each box)	MI	SEX	DATE OF BIRTH		
					M	D	Y
Guardian							
Maiden or Alias							
Guardian							

Please provide your current address and any other addresses at which you have resided for the last 28 years, including city and state for each individual being cleared. (Attach additional page if necessary).

CURRENT ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO

ADDRESS HISTORY FOR OTHER PERSON(S) 18 YEARS OLD OR OLDER, RESIDING WITH PROPOSED GUARDIAN

LAST NAME & MAIDEN/ALIAS	FIRST NAME	MI
--------------------------	------------	----

PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO

* ADDITIONAL SPACE PROVIDED ON REVERSE SIDE OF FORM

RESOURCE ID # Record Resource ID # as appropriate. If you need assistance, email: ocfs.sm.conn_app@ocfs.state.ny.us

DOCKET/FILE #: Record your Court Docket File # as appropriate.

COURT LIAISON: Record Name of Court Liaison.

Relationship to Applicant

- G – Guardian (S) (at least one person must be so designed)
- M – Maiden Name/Alias must be completed for every guardian (“G”)
- E – 18 Year old or older residing in a proposed Guardian’s household
- F – Family Member under 18 years of age
- O – Other Household Member under 18 years of age

Inquiry concerning Guardianship/Statewide Central Register completed form (OCFS-3909) should be sent to:

**The New York Statewide Central Register
Of Child Abuse and Maltreatment
P.O. Box 4480, Attn: Service Center Unit
Albany, N.Y. 12204-0480**

ADDITIONAL ADDRESSES

LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
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LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	

TO ORDER A SUPPLY OF OCFS-3909 FORMS:

Please access the **Request for Forms and Publications, (OCFS-4627)** from the Internet:

http://www.ocfs.state.ny.us/main/forms/management_services/

Mail your completed **Request for Forms and Publications, (OCFS-4627)** to the **Office of Children and Family Services, Forms Management Unit, Resource Distribution Center, 11, Fourth Ave, Rensselaer, NY 12144-2629**. If you have difficulty accessing the form from the web-site, you can call **The Forms Hot Line at: 518-473-0971**.

Nassau County Family Court Information Sheet

Print all information. Every box must be filled in. If you do not know the information, print the word UNKNOWN.

Petitioner (Person filing petition)

Name: (First) (Middle) (Last)

Maiden/Alias/Nickname: (First) (Last)

Address: (Street) (Apt. #)
(City) (State) (Zip Code) (County)

If your residence address and mailing address are different, check here , print mailing address in this section and attach a separate paper with your name and residence address.

If your address is not known to the respondent and you are requesting that your address be kept confidential check box here .

Home Phone #: () - Work Phone #: () - Cell Phone #: () -

Date of Birth: / /	Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other [specify]: _____	Ethnic Origin: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Non-Hispanic
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		

Social Security #: - - Height: ft. in. Weight: lbs Eye Color: Hair Color:

Distinguishing Marks: Driver's License ID #: State:

Are you employed? No Yes If yes, Employer's Name:
Employer's Address:

Respondent (Person you are filing petition against)

Name: (First) (Middle) (Last)

Maiden/Alias/Nickname: (First) (Last)

Address: (Street) (Apt. #)
(City) (State) (Zip Code) (County)

If the respondent's residence address and mailing address are different, check here , print mailing address in this section and attach a separate paper with the respondent's name and residence address.

Home Phone #: () - Work Phone #: () - Cell Phone #: () -

Date of Birth: / /	Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other [specify]: _____	Ethnic Origin: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Non-Hispanic
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		

Social Security #: - - Height: ft. in. Weight: lbs Eye Color: Hair Color:

Distinguishing Marks: Driver's License ID #: State:

Is respondent employed? No Yes If yes, Employer's Name:
Employer's Address:

