

For Office Use Only
(Filing Fee Paid \$ _____)
(Receipt No: _____ No: _____)

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____-X

Proceeding for the Appointment
of a Standby Guardian for

PETITION FOR APPOINTMENT OF
A STANDBY GUARDIAN
(SCPA 1726 (3))

File No. _____

An Infant. _____-X

TO THE SURROGATE'S COURT, COUNTY OF _____,

It is respectfully alleged:

1. The name, relationship, domicile, and telephone number of the petitioner are as follows: [Petitioner must be a parent, legal guardian or legal custodian of the infant. If legal guardian or legal custodian submit a copy of the order of appointment.]

Name: _____ Mother _____ Father _____ Legal Guardian _____ Legal Custodian _____

Domicile: _____
(Street Address) _____ (City/Town/Village)
(County) _____ (State) _____ (Zip) _____ (Telephone Number)

Mailing address: _____
(If different from domicile)

2. The name, domicile, date of birth and marital status of the infant are as follows: [Birth Certificate Must be filed with this petition]

Name: _____ (Date of Birth) _____

Domicile: _____
(Street Address) _____ (City/Town/Village)
(County) _____ (State) _____ (Zip)

Mailing address: _____
(If different from domicile)

Marital Status: _____

3. The names and addresses of the adult persons with whom the infant resides are : [If same as above so state]

Name: _____

Domicile: _____
(Street Address) _____ (City/Town/Village)
(County) _____ (State) _____ (Zip)

Mailing address: _____
(If different from domicile)

4. The name and domicile of the proposed standby guardian(s) are as follows:

Name: _____ (Relationship, if any, to infant)
 Domicile: _____ (City/Town/Village)
 (Street Address) _____ (Zip)
 (County) (State)

Mailing address: _____
 (If different from domicile)

5. The name and domicile, of the other parent of the infant and, if the infant is married, the infant’s spouse, or if the other parent is deceased and there is no spouse, the grandparents residing within the county, are as follows:

Father/Mother:

Domicile:

Spouse: _____ (Date of Birth)

Domicile:

Maternal Grandparents:

Domicile:

Paternal Grandparents:

Domicile:

The foregoing persons are adult and competent, except: [If any of the above is an infant attach a Schedule containing the name of the infant, with whom he or she resides, whether he or she has a court-appointed guardian, and if so, provide the name and address of the guardian. If disability is other than infancy, fill out and attach Schedule A.]

6. No other persons or agencies are interested in this proceeding other than those mentioned above, except:

7a. No guardian or standby guardian ever has been appointed for the infant except as follows: [See SCPA Section 1704 (3)]

7b. Custody of the infant never has been surrendered by a person lawfully charged therewith, nor has custody of the infant been the subject of any court order, except as hereinafter listed: [So specify and attach copies of all surrenders, court orders, or divorce decrees]

8. [If you seek the appointment of a Standby Guardian of the **person only**, DO NOT complete this paragraph]. The estimated value of all real and personal property owned by the infant and the infant's resources are as follows:

a. PERSONAL PROPERTY [State exact title of all bank accounts with account number and balance. List insurance policies by Company, policy number, amount insured, name of insured and relationship to infant. List the value of infant's interest.]

The personal property of the infant is not subject to the control of the infant's spouse under the laws of a jurisdiction other than New York. [If property is so subject, so state]

b. REAL PROPERTY [State whether the real property is mortgaged or under a lien and the amount thereof. Indicate whether the property is to be occupied as a residence by the infant. If not, indicate rental income or whether a sale of the property is contemplated.]

Location of Property

Gross Value \$ Less Mortgage or Lien \$ = Net value \$

Infant's interest Annual Income \$

c. ANNUAL INCOME OF INFANT FROM ALL SOURCES:

(1) Compensation or pension to be received from : \$

(2) Income from Trusts \$

(3) Income from Real Property \$

(4) Other Income \$

9. The authority of the standby guardian is to become effective upon the petitioner's [Check as many boxes as are appropriate:]

- a. incapacity
- b. death
- c. administrative separation with consent
- d. consent

10. Petitioner:

- suffers from a progressively chronic illness
- suffers from an irreversible fatal illness
- may become subject to an administrative separation

[State the basis for the above statement, such as the date and source of the medical diagnosis. You need not identify the illness.]

11. If administrative separation [Check appropriate box]
 - a. Petitioner has a basis to believe that she/he may be the subject of a federal immigration matter because
[See SCPA 1726 (3)(b)(iii)(C)]
 - b. Petitioner is in receipt of official communication regarding immigration enforcement.
12. The infant is is not a Native American Child subject to the Indian Child Welfare Act of 1978 (25 USC Section 1901-1963).
13. Petitioner (has) (does not have) knowledge that the person nominated to be Standby Guardian has ever been named as a subject of an indicated report filed pursuant to Title 6 of Article 6 of the Social Services Law, or has been the subject of or the respondent in a child protective proceeding commenced under Article 10 of the Family Court Act, which proceeding resulted in an order finding that the child is an abused or neglected child. [If the petitioner has such knowledge, attach an affidavit explaining in detail].
14. Completed and annexed hereto is the Request for Information Guardianship Form required to be submitted to the New York Central Register of Child Abuse and Maltreatment.
15. [Check appropriate box]:
 - a. The petitioner is able to attend any hearing to be scheduled by the court.
 - b. The petitioner is medically unable to appear and asks that the court dispense with his/her appearance.
 - c. The petitioner may not be available to attend any court scheduled hearing due to administrative separation.
16. No prior application has been made to any Court for the relief requested herein.

WHEREFORE, your petitioner respectfully prays that: [Check and complete all relief requested].

(a) Letters of Standby Guardianship of the

- Person only
- Property only
- Person and Property

be granted to

or such other person or corporation as may be entitled thereto upon petitioner's death incapacity administrative separation consent [Check appropriate boxes] and that process issue to all interested persons who have not waived the issuance of same requiring them to show cause why such relief should not be granted.

(b) The standby guardian of the property be prohibited from collecting or receiving any money or property of the infant until he or she qualifies and complies with the provisions of SCPA 1708.

Dated:

(Signature of Petitioner)

(Print Name)

STATE OF NEW YORK)
) ss.:
COUNTY OF REMOVE)

REMOVE, being duly sworn deposes and says that I am the petitioner above named. I have read the foregoing petition and the same is true of my own knowledge except as the matters therein stated to be alleged upon information and belief and as to those matters I believe them to be true.

Sworn to before me this

day of 20

(Signature of Petitioner)

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

(Print Name)

Signature of Attorney: ADD LINE FOR SIGNATURE

Print Name:

Firm Name:

Tel.No.:

Address of Attorney:

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

-----X

Proceeding for the Appointment
of a Standby Guardian for

An Infant.

-----X

SCHEDULE A
PERSONS UNDER DISABILITY
OTHER THAN INFANTS

[use additional sheets if more than one]

1. Name: Relationship:

Residence:

With whom does this person reside?

If this person is in prison, name of prison:

Does this person have a court-appointed fiduciary? Yes No

If yes, give name, title and address:

If no, describe nature of disability:

If no, give name and address of relative or friend interested in his or her welfare:

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

-----x
Proceeding for the Appointment
of a Standby Guardian for

PHYSICIAN'S OPINION
OF PROGRESSIVELY
CHRONIC OR FATAL ILLNESS

An Infant.

-----x
File No.

I, _____, am a physician duly licensed to practice medicine in the State of New York.

1. My license number is:

2. My office is located at:

3. [Check appropriate box]:

I am the physician who has primary responsibility for the treatment and care of the petitioner, or

I am physician who is acting on behalf of _____, the physician who has primary responsibility for the treatment and care of the petitioner, or

I am a physician who is familiar with the petitioner's medical condition.

4. [Check appropriate box(es) and explain where requested]:

[i] I have performed tests or evaluations of the petitioner. [Set forth the dates performed.]

[ii] I have reviewed the tests or evaluations performed on petitioner. [Set forth the dates performed, and the names of the doctors who performed the tests and/or evaluations.]

5. [Check appropriate box]:

Based upon the foregoing tests or evaluations of the petitioner, it is my opinion, with a reasonable degree of medical certainty, that the petitioner

has an irreversible fatal illness

has a progressively chronic illness

may become incapacitated by reason of a chronic and substantial inability, as a result of mental impairment, to understand the nature and consequences of decisions concerning the care of the petitioner's dependent infant or ward and a consequent inability by petitioner to care for said infant or ward.

6. Petitioner is medically capable, medically incapable, of appearing at the hearing. [If medically incapable of appearing, explain]

7. I am not a party to this proceeding and affirm the foregoing opinion to be true under the penalties of perjury.

Dated:

Signature of Physician

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

-----X
Proceeding for the Appointment
of a Standby Guardian for

WAIVER OF CITATION
RENUNCIATION AND CONSENT
TO APPOINTMENT OF STANDBY GUARDIAN
(SCPA 1726 (3))

An Infant.

File No.

-----X
I,

whose domicile is:

(Street Address)

(City/Town/Village)

(County)

(State)

(Zip)

am a competent person over the age of eighteen years. My interest in the above entitled proceeding is as follows:

[Check appropriate interest]

Parent of the above named infant

Grandparent of the above named infant

Other (Specify)

I hereby personally appear and waive the issuance and service of a citation in this matter and

(1) Consent that be appointed the standby guardian of the

- a. Person only
- b. Property only
- c. Person and Property

(2) Renounce all right to letters of Guardianship which may hereafter be issued by the Court upon the qualification of the Standby Guardian.

Dated:

ADD LINE FOR SIGNATURE
(Signature)

(Print Name)

STATE OF NEW YORK)
COUNTY OF REMOVE) ss.:

On REMOVE, 20, before me personally appeared to be the same

person described in and who executed the foregoing instrument. Such person duly swore such instrument and duly acknowledge that he/she executed the same.

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

Name of Attorney

Address

Telephone Number

STANDBY GUARDIANSHIP CITATION

File No.

SURROGATE'S COURT -

COUNTY

CITATION

THE PEOPLE OF THE STATE OF NEW YORK

TO

A petition having been filed by _____, who is domiciled at _____

YOU ARE HEREBY CITED TO SHOW CAUSE before the Surrogate's Court, County, at _____, New York, on _____, 20____, at _____ o'clock of that day why an order should not be granted pursuant to SCPA 1726 appointing _____ as Standby Guardian (s) of _____, an infant.

(State any further relief requested)

HON.

Surrogate

Dated, Attested and Sealed,

_____, 20____

Chief Clerk

(Seal)

Name of Attorney for Petitioner

Tel. No.

Address of Attorney

Note: This citation is served upon you as required by law. You are not required to appear. If you fail to appear it will be assumed that you do not object to the relief requested. You have the right to have an attorney-at-law appear for you.

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

----- X
Proceeding for the Appointment
of a Standby Guardian for

AFFIDAVIT AND CONSENT
OF PROPOSED STANDBY
GUARDIAN PURSUANT TO
SCPA (1726) (3)

An Infant.

----- X
STATE OF NEW YORK)

COUNTY OF)

)
) ss.:
)

File No.

, being duly sworn, deposes and says:

1. I am a competent person over the age of eighteen years, and I submit this affidavit in support of the petition to have me appointed standby guardian of the person only, property only, or person and property of the above named infant. [Check one]

2. I have known the subject infant since _____ by reason of the following [State relationship, if any]:

3. I reside at _____ and the other resident members of my household are [Include all persons residing there and their respective ages]:

4. Except for minor traffic offenses and adjudications as a youthful offender or juvenile delinquent:

- | | | | |
|-----|--|-----|----|
| (a) | Have you ever been convicted of a crime? | yes | no |
| (b) | Have you ever forfeited bail or other collateral? | yes | no |
| (c) | Do you have criminal charges pending against you? | yes | no |
| (d) | Do you have a physical impairment or mental or medical condition that would interfere with your ability to perform the duties of guardian of the infant? | yes | no |
| (e) | Have you ever used controlled substances or narcotics or been addicted to alcohol? | yes | no |

[If you have answered "yes" to any of the questions set forth in (a) - (e), set forth details in space provided].

5. I am willing and able to undertake the care, custody and control of the infant until the infant attains the age of eighteen or until the court determines otherwise.
6. Upon the petitioner's incapacity, death, administrative separation or upon written consent, I agree to file all necessary documentation with the court within 90 days of the receipt of the determination of the incapacity, death, or 60 days of the date of the standby guardian's receipt of documentation of the petitioner's administrative separation and written consent.

Signature of the Proposed Standby Guardian

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

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

-----X

Proceeding for the Appointment
of a Standby Guardian for

CONSENT OF PETITIONER
FOR STANDBY GUARDIAN
(Pursuant to SCPA 1726 (3)(e)(iv))

An Infant.

File No.

-----X

I _____, state that:

1. I am the petitioner in the proceeding for the appointment of a Standby Guardian of my minor child.
2. A decree was signed on _____ appointing _____ standby guardian effective upon the execution of this consent.
3. Notwithstanding the request in the petition that the Standby Guardian's authority be effective upon my incapacity death administrative separation, [Delete inapplicable provision] I hereby consent to commencement of the Standby Guardian's authority upon (his) (her) receipt of this written consent executed in accordance with the provisions of Section 1726 (3)(e)(iv) of the Surrogate's Court Procedure Act.
4. I am physically unable to sign this written consent and have directed (Name of person other than Standby Guardian) to sign on my behalf in my presence and in the presence of two witnesses whose signatures are set forth below. [Delete if inapplicable]

Dated:

Petitioner's Signature

Signature of Person other than Petitioner

I declare that the person whose name appears above (signed this consent in my presence) (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.

Dated:

Witness:

Signature

Print Name

Address

Dated:

Witness:

Signature

Print Name

Address

I
such by (Name of Standby Guardian)
received the foregoing consent of the following date

appointed or designated as
hereby acknowledge that I have

Signature

Print Name

[Note: The Standby Guardian must file this written consent with the Court within 90 days of receipt of the written consent. Failure to file may result in the guardian's authority being rescinded by the Court.]

Name of Attorney:

Tel No.

Address of Attorney:

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

----- X
Proceeding for the Appointment
of a Standby Guardian for

CONSENT OF INFANT OVER 14

----- X
An Infant.

File No.

I, the infant herein, being over 14 years of age, join in the foregoing petition and consent that
be appointed standby guardian of my

- person only
- property only
- person and property

ADD LINE FOR SIGNATURE
(Signature)

(Print Name)

STATE OF NEW YORK)
)
COUNTY OF REMOVE) SS.:

On 20 , before me personally came
to me known and the person described in and who executed the foregoing instrument. Such person swore
such instrument before me and duly acknowledged to me that she/he executed the same.

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

Name of Attorney:

Tel No.

Address of Attorney

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

----- X

Proceeding for the Appointment
of a Standby Guardian for

DECREE APPOINTING
A STANDBY GUARDIAN
(SCPA 1726 (3))

An Infant.

File No.

----- X

A petition having been filed by _____, praying for the appointment of a Standby Guardian for the above named infant, and it appearing that the petitioner suffers from a progressively chronic or irreversible fatal illness or has been administratively separated from their infant child and that the interests of the infant will be promoted by the appointment of a Standby Guardian of the infant's person and/or property; and that _____ is in all respects competent to act as such Standby Guardian; it is hereby

ORDERED, ADJUDGED AND DECREED, that _____ be and is hereby appointed Standby Guardian of the person and/or property of the infant, whose authority shall be effective upon the receipt by the standby guardian of

- a determination of the petitioner's incapacity
- a certificate of petitioner's death
- evidence of death that may satisfy the court
- documentation of petitioner's administrative separation

The authority of the Standby Guardian shall also be effective upon the petitioner's written consent pursuant to Section 1726 (3)(e)(iv) of the Surrogate's Court Procedure Act; and it is further

ORDERED, ADJUDGED AND DECREED, that the Standby Guardian of the infant shall file a copy of a determination of incapacity or certificate of death or other such evidence of death that may satisfy the court of the petitioner with this court within 90 days or his or her authority may be rescinded by the court or the standby guardian shall file a copy of documentation of the administrative separation within 60 days of the date of the standby guardian's receipt of documentation of the petitioner's administrative separation or his or her authority may be rescinded by the court; and it is further

ORDERED, ADJUDGED AND DECREED, that letters of Guardianship shall be issued to the Standby Guardian upon his or her filing the Confirmation Affidavit of Standby Guardian, qualifying pursuant to SCPA Section 708, and complying with the provisions of SCPA Section 1708, if applicable.

, Surrogate

Dated: _____, 20

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

----- X

Proceeding for the Appointment
of a Standby Guardian for

CONFIRMATION AFFIDAVIT
OF STANDBY GUARDIAN

An Infant.

File No.

----- X

STATE OF NEW YORK

)

) ss.:

COUNTY OF

)

The undersigned, Standby Guardian, being duly sworn says:

1. I was appointed standby guardian of the above named infant by this Court by decree dated .
2. There has been no material change a material change in the circumstances of the infant since the filing of the petition. [If any material changes, so specify]
3. The petitioner has died been incapacitated submitted documentation of petitioner's administrative separation made a written consent whereby I am now entitled to receive letters of Guardianship.
4. I have never been named as a subject of an indicated report filed pursuant to Title 6 of Article 6 of the Social Services Law, or have been the subject of or the respondent in a child protective proceeding commenced under Article 10 of the Family Court Act, which proceeding resulted in an order finding that the child is an abused or neglected child, except: [Explain in detail].
5. OATH OF GUARDIAN: I am over eighteen years of age and domiciled in the State of New York; that I will well, faithfully and honestly discharge the duties as a standby guardian. I am acquainted with the infant and have read the statement contained in the petition filed with the Court as to the value, if any, of the infants property, and believe it to be correct. I am not ineligible to receive letters.
6. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I hereby designated the Clerk of the Surrogate's Court of County, and his or her successor in office, as a person on whom service of any process issuing from such Surrogate's Court may be made, in like manner and with like effects as if it were served personally upon me whenever I cannot be found and served within the State of New York after due diligence is used.

My domicile is :

(Street Number) (City, Village/Town) (State) (Zip)

If I change my address I shall promptly notify the court of the new address.

Signature of Proposed Guardian

STATE OF NEW YORK)
)
COUNTY OF REMOVE) ss.:

On , 20 , before me personally appeared
 to me known and known to me to be the person described in and who
executed the foregoing instrument, and duly acknowledged to me that REMOVE he executed the same.

Sworn to before me on this
REMOVE day of REMOVE , 20

REMOVE

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

Name of Attorney

Address

Telephone Number