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

Proceeding for the Appointment
of a Standby Guardian for

An Infant.

DESIGNATION OF
STANDBY GUARDIAN
(SCPA 1726 (3))

File No. _____

TO THE SURROGATE'S COURT, COUNTY OF _____,

I _____, hereby designate _____,

(Name of Parent)

(Name of Designee)

and

(Address)

(Telephone No.)

as standby guardian of the _____ person, _____ property or _____ person and property of my child(ren), namely

(Name of child(ren))

The appointment of _____, as standby guardian of the

(Name of Designee/Standby Guardian)

person and/or property of my children would be in their best interests because

The standby guardian's authority shall take effect: (1) if my doctor concludes in writing that I am mentally incapacitated, and thus unable to care for my child(ren); (2) if my doctor concludes in writing that I am physically debilitated, and thus unable to care for my child(ren) and I consent in writing, before two witnesses, to the standby guardian's authority taking effect; (3) If I become subject to an administrative separation such that care and supervision of the child will be interrupted or cannot be provided; or (4) upon my death.

In the event the person I designate above is unable or unwilling to act as guardian for my child(ren), I hereby designate _____,

(Name)

(Address)

as standby guardian of my child(ren).

(Telephone No.)

I also understand that my standby guardian's authority will cease sixty days after commencing unless by such date he or she petitions the court for appointment as guardian.

I understand that I retain full parental, guardianship, custodial or caretaker rights even after the commencement of the standby guardian's authority, and may revoke the standby guardianship at any time.

Dated: mm/dd/yyyy

(Signature of Petitioner)

(Print Name)

I declare that the person whose name appears above signed this document in my presence, or 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.

Date: mm/dd/yyyy

Witness's Signature

Address:

Date: mm/dd/yyyy

Witness's Signature

Address: