

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

.....

In the Matter of the Temporary  
Guardianship of A Child Whose  
First Name is

\_\_\_\_\_

.....

(Docket)(File)No.

\_\_\_\_\_  
Petition for Temporary  
Guardianship

The Petitioner(s) respectfully allege(s) to the Court that:

1. Physical custody of [specify child's first and last name]: \_\_\_\_\_,  
a child born on \_\_\_\_\_, was transferred to [specify]: \_\_\_\_\_  
and \_\_\_\_\_ for the purposes of adoption on the \_\_\_\_\_ day of  
\_\_\_\_\_, by [specify]: \_\_\_\_\_, the child's parent(s)  
guardian(s), and the requirements for certification of [specify]: \_\_\_\_\_  
as qualified adoptive parents herein were [check applicable box]:  complied with  
 duly waived by order of the \_\_\_\_\_, Court, County of \_\_\_\_\_  
dated \_\_\_\_\_.

2. The residence and telephone number of Petitioner(s) are: \_\_\_\_\_  
\_\_\_\_\_

3. The full name(s) and addresse(s) of the birth parent(s) of the child are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

4. The anticipated name of the child subsequent to adoption will be: \_\_\_\_\_  
\_\_\_\_\_

5. The anticipated residence of the child subsequent to adoption will be: \_\_\_\_\_

6. A consent to the adoption of the child was duly executed pursuant to section 115-b of the Domestic Relations Law on \_\_\_\_\_, \_\_\_\_ . A copy of the consent to the adoption is annexed hereto.

7. The child will be residing with Petitioner(s), and a petition for adoption of the child by Petitioner(s) will be filed in the \_\_\_\_\_ Court of the County of \_\_\_\_\_, State of New York, within 45 days of the execution of the consent to adoption of the child.

8. No previous petition has been filed or application made to any court or judge for the relief sought herein (except)[include any proceedings dismissed or withdrawn]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHEREFORE, Petitioner(s) request(s) an order granting temporary guardianship of the child to Petitioner(s).

\_\_\_\_\_  
Petitioner(s)

\_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Signature of Attorney, if any

\_\_\_\_\_  
Attorney's Name (Print or Type)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attorney's Address and Telephone Number

Dated: \_\_\_\_\_, \_\_\_\_\_.

