

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

-----X
In the Matter of the Application of _____ for
Appointment/Confirmation as Standby Guardian of _____

Pursuant to SCPA Article 17-A
-----X

Filing Fee Paid \$ _____
_____ Certs \$ _____
_____ Certs \$ _____
\$ _____ Bond, Fee \$ _____
Receipt No: _____ No: _____

**PETITION FOR APPOINTMENT/CONFIRMATION
OF STANDBY GUARDIAN [SCPA 1757] OF**
 PERSON
 PROPERTY
 PERSON AND PROPERTY
 LIMITED GUARDIAN OF THE PROPERTY

File No. _____

TO THE SURROGATE'S COURT OF THE COUNTY OF _____

It is respectfully alleged that:

1. The name, date of birth, permanent address and telephone number of the petitioning guardian standby guardian alternate standby guardian second alternate standby guardian third alternate standby guardian(s) to the intellectually disabled developmentally disabled person (hereafter known as Respondent) is:

Name: _____ Telephone Number: _____

Permanent Address or Corporate Office: _____
(Street and Number)

(City, Village, Town) (State) (Zip Code)

Mailing Address: _____
(If different from permanent address)

Date of Birth: _____ Interest/Relationship to Respondent: _____

2(a). The name, permanent address, date of birth and marital status of the Respondent of this proceeding is as follows:

Name: _____

Permanent Address: _____
(Street and Number)

(City, Village, Town) (State) (Zip Code)

Mailing Address: _____
(If different from permanent address)

Date of Birth: _____ Marital Status: _____

[Attach certified copy of birth certificate if not already filed with the court.]

2(b). The Respondent is not admitted to a group home or facility as defined in Section 1.03 and/or Article 15 of the Mental Hygiene Law.

The Respondent has been admitted to a group home or facility as defined in Section 1.03 and/or Article 15 of the Mental Hygiene Law.

Name of group home or facility: _____

Address of group home or facility: _____

Name of Director of group home or facility: _____

Address of Director of group home or facility: _____

Name of the Director of the Mental Hygiene Legal Service: _____

Address of the Director of the Mental Hygiene Legal Service: _____

3. The Petitioner was appointed [] guardian [] standby guardian [] alternate standby guardian [] second alternate standby guardian [] third alternate standby guardian in the above-titled matter by decree on _____, _____ and letters issued appointing _____ as guardian of the above-named Respondent. Within said decree the Petitioner was appointed as [] standby guardian [] alternate standby guardian [] second alternate standby guardian [] third alternate standby guardian(s) subject to confirmation.

4. The guardian(s) is/are no longer able to act due to the following:

- [] death **[attach a certified copy of the death certificate(s)]**
- [] incapacity **[attach proof of incapacity]**
- [] adjudication of incompetency **[attach proof]**
- [] renunciation **[attach proof of renunciation]**

[Please note: Paragraph 5 to be completed only if new or different standby guardian(s) is/are to be designated in this proceeding.]

5. The names, permanent addresses, dates of birth and relationship of the guardian(s) is/are:

(a) Name of the Standby Guardian: _____

Permanent Address: _____
(Street and Number)

(City, Village, Town) (State) (Zip Code)

Date of Birth: _____ Interest/Relationship to Respondent: _____

Education: _____ Qualifications: _____

- to be appointed Standby Guardian of the
- [] person
 - [] property
 - [] person and property
 - [] limited guardian of the property

(b) Name of the Alternate Standby Guardian: _____

Permanent Address: _____
(Street and Number)

(City, Village, Town) (State) (Zip Code)

Date of Birth: _____ Interest/Relationship to Respondent: _____

Education: _____ Qualifications: _____

- to be appointed Alternate Standby Guardian of the
- [] person
 - [] property
 - [] person and property
 - [] limited guardian of the property

(c) Name of the Second Alternate Standby Guardian: _____

Permanent Address: _____
(Street and Number)

(City, Village, Town) (State) (Zip Code)

Date of Birth: _____ Interest/Relationship to Respondent: _____

Education: _____ Qualifications: _____

- to be appointed Second Alternate Standby Guardian of the
- [] person
 - [] property
 - [] person and property
 - [] limited guardian of the property

(d) Name of the Third Alternate Standby Guardian: _____

Permanent Address: _____
(Street and Number)

(City, Village, Town) (State) (Zip Code)

Date of Birth: _____ Interest/Relationship to Respondent: _____

Education: _____ Qualifications: _____

to be appointed Third Alternate Standby Guardian of the [] person
[] property
[] person and property
[] limited guardian of the property

[Please note: Paragraph 6 and 7 to be completed if seeking confirmation of standby guardian or alternate standby guardian.]

6. Petitioner has assumed the duties of the standby guardian in accordance with the decree dated _____, _____ and pursuant to the provisions of SCPA 1757 and has been so acting as such standby guardian since _____, _____ and that one hundred eighty (180) days have not elapsed since the assumption of such duties.

7. Petitioner is requesting confirmation as standby guardian of the Respondent's [] person [] property [] person and property [] limited guardian of the property.

8. Petitioner [] has [] does not have knowledge that the person nominated herein to be a guardian or any individual eighteen years of age or over who resides in the home of the proposed guardian:

a. Is the subject of a report filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant to the rules of Child Protective Services, following an investigation which determines that some credible evidence of alleged abuse or maltreatment exists, and/or

b. Has been the subject of or the Respondent in a Child Protective Proceeding commenced pursuant to law, which proceeding resulted in an order finding that the child is an abused or neglected child.

[If Petitioner has such knowledge, attach an affidavit explaining in detail.]

9. Petitioner has completed and submitted to the court the Request For Information Guardianship Form (OCFS 3909) required to be submitted to the New York State Central Register of Child Abuse and Maltreatment.

10. **[Answer if required by court.]**
The names and addresses of persons interested (i.e.: parents, spouse, adult children and/or adult siblings) in this proceeding upon whom service of process is required or concerning whom the court is required to have information are:

[Set forth names, addresses and relationship to the intellectually disabled or developmentally disabled person and whether any person is under a disability along with details required by SCPA 304(3).]

11. There are no other persons than those mentioned interested in this application or proceeding.

WHEREFORE, your Petitioner(s) respectfully request(s) that: **[Check and complete all relief requested]**

- (a) Petitioner be confirmed as _____ guardian, and appropriate letters be issued to _____, as the standby guardian of the
 person
 property
 person and property
 limited guardianship of the property of the Respondent
- (b) Appointment of _____ as Standby Guardian of the
 person
 property
 person and property
 limited guardianship of the property of the Respondent
- (c) Appointment of _____ as Alternate Standby Guardian of the
 person
 property
 person and property
 limited guardianship of the property of the Respondent
- (d) Appointment of _____ as Second Alternate Standby Guardian of the
 person
 property
 person and property
 limited guardianship of the property of the Respondent
- (e) Appointment of _____ as Third Alternate Standby Guardian of the
 person
 property
 person and property
 limited guardianship of the property of the Respondent

be granted, or to such other person or corporation as may be entitled thereto 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.

- (f) A hearing be held not be held.
- (g) The appearance of the Respondent be required not be required at any hearings directed by the Court.
- (h) The guardian of the person be authorized and empowered to make all decisions with respect to the medical and dental needs of the Respondent and to render consent to any medical procedures which are necessary to the health and welfare of the Respondent unless the court directs otherwise. A health care decision may include a decision to withhold or withdraw life-sustaining treatment as defined in subdivision (j) of 81.03 of the Mental Hygiene Law.
- (I) The guardian of the property be directed to continue to collect and receive all moneys and other property of the Respondent jointly with a clerk of the Surrogate's Court, or depository subject to the provisions of SCPA 1708, and shall deposit same in the name of the guardian, subject to order of the court with either:

[Designate a sufficient number of banks/depositories, located in this county, so that the deposit does not exceed the maximum amount insured by the federal deposit insurance corporation or the national credit union share insurance fund (\$250,000.00).]

1. _____
Name of Bank/Depository Branch Address

2. _____
Name of Bank/Depository Branch Address

(j) The bond of the guardian be dispensed with.

(k) Additional relief requested _____

Dated: _____

1. _____
(Signature of Petitioner)

2. _____
(Name of Corporate Petitioner)

(Print Name)

(Signature of Officer)

(Print Name and Title of Officer)

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

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

(Signature of Petitioner)

(Name of Corporate Petitioner)

(Print Name)

(Signature of Officer)

(Print Name and Title of Officer)

Sworn to before me this

_____ day of _____, _____

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

Signature of Attorney: _____

Print Name: _____

Firm Name: _____ Telephone Number: _____

Address of Attorney: _____

-----X

In the Matter of the Application of _____ for
Appointment/Confirmation as Standby Guardian of

**WAIVER OF PROCESS
RENUNCIATION AND CONSENT TO
APPOINTMENT OF A STANDBY GUARDIAN**

Pursuant to SCPA Article 17-A
-----X

File No. _____

The undersigned _____, whose permanent address is

(Street and Number)

(City, Village, Town)

(State)

(Zip Code)

and who is a competent person over the age of eighteen (18) years and whose interest in the above-named proceeding is as follows:

[Check appropriate interest.]

Parent of the above-named intellectually disabled developmentally disabled person.

Spouse of the above-named intellectually disabled developmentally disabled person.

An adult child of the above-named intellectually disabled developmentally disabled person.

An adult brother/sister of the above-named intellectually disabled developmentally disabled person.

Other **[Specify]** _____

hereby personally appears in this proceeding and

1. renounces my right to act as a guardian under decree dated _____, and

2. waives the issuance and service of process in this matter, and

3. consents that _____ be appointed the _____
Guardian of the

- person
- property
- person and property
- limited guardianship of the property

and that _____ be appointed the Alternate Standby
Guardian of the

- person
- property
- person and property
- limited guardianship of the property

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

-----X
In the Matter of the Application of _____ for
Appointment/Confirmation as Standby Guardian of _____

**NOTICE OF PETITION
SCPA §1753 (2)**

File No. _____

Pursuant to SCPA Article 17-A
-----X

Notice is hereby given that:

1. On the _____ day of _____, 20_____, _____,
(Name of Petitioner)
whose address is _____,

filed a petition with the Surrogate's Court, County of _____. Letters of guardianship will issue on or after _____, _____, for the appointment/confirmation of

[] _____, _____ guardian
(Name)

[] _____, alternate standby guardian
(Name)

[] _____, second alternate standby guardian
(Name)

[] _____, third alternate standby guardian
(Name)

- of the [] person
- [] property
- [] person and property
- [] limited guardianship of the property.

2. The name and post office address of each person entitled to notice of the petition who has not been served or has not appeared, or waived service of process, with a statement with regard to such person's relationship, if any, to the intellectually disabled or developmentally disabled person, is as follows:

NAME	MAILING ADDRESS	RELATIONSHIP
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(USE ADDITIONAL SHEETS IF NECESSARY)

Date: _____, _____

Attorney for Petitioner(s) _____ Telephone Number: _____

Address of Attorney: _____

AFFIDAVIT OF MAILING NOTICE OF PETITION

STATE OF NEW YORK)
COUNTY OF) ss.:

_____, residing at _____
being duly sworn, deposes and says that he/she is over the age of 18 years, that on the _____ day of _____, _____, he/she mailed, by certified mail, a copy of the foregoing Notice of Petition contained in a securely closed, postpaid wrapper directed to each of the persons named in said notice at the places set opposite their respective names.

Sworn to before me this

_____ day of _____, _____

(Signature)

(Print Name)

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

Attorney for Petitioner(s): _____ Telephone Number: _____

Address of Attorney: _____

17-A GUARDIANSHIP CITATION [SCPA 1757]
THE PEOPLE OF THE STATE OF NEW YORK
By the Grace of God Free and Independent

TO:

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

YOU ARE HEREBY CITED TO SHOW CAUSE before the Surrogate's Court, _____ County, at _____, New York, on _____, at _____ o'clock in the _____ noon of that day, why letters of _____ guardianship of the

person
 property
 person and property
 limited guardianship of the property
of _____ should not be granted to _____;

why the appointment of _____ as Alternate Standby Guardian of the
 person
 property
 person and property
 limited guardianship of the property
of _____ should not be granted;

why the appointment of _____ as Second Alternate Standby Guardian of the
 person
 property
 person and property
 limited guardianship of the property
of _____ should not be granted;

why the appointment of _____ as Third Alternate Standby Guardian of the
 person
 property
 person and property
 limited guardianship of the property
of _____ should not be granted;

and why a hearing should be held should not be held;
and why the appearance of Respondent should be should not be required at the hearing;
and why the guardian of the person should not be authorized and empowered to make all decisions with respect to the medical and dental needs of the Respondent and to render consent to any medical procedures which are necessary to the health and welfare of the Respondent, unless the court directs otherwise. A health care decision may include a decision to withhold or withdraw life-sustaining treatment as defined in subdivision (j) of 81.03 of the Mental Hygiene Law.

[State further relief requested]

Dated, Attested and Sealed,
_____,
(Seal)

HON.
Surrogate

_____, Chief Clerk

Attorney for Petitioner(s): _____ Telephone Number: _____

Address of Attorney: _____

[Note: This citation is served upon you as required by law. You are not required to appear. However, if you fail to appear it will be assumed by the court that you do not object to the relief requested. You have a right to have an attorney appear for you.]

(c) I do not have any criminal charges pending against me, except _____

6. I have no physical or mental impairment, or medical condition, which would interfere with my ability to perform the duties of guardian of the Respondent, except

7. I am not addicted to narcotics or to alcohol.

8. I am willing and able to undertake and perform the duties and responsibilities of guardian of the Respondent until the court determines otherwise.

9. I believe that my appointment as guardian would be in the best interests of the Respondent for the following reasons:

(Signature of Proposed Guardian)

(Print Name)

Sworn to before me this

_____ day of _____, _____

Notary Public

Commission Expires:

(Affix Notary Stamp or Seal)

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

-----X
In the Matter of the Application of _____ for
Appointment/Confirmation as Standby Guardian of _____

**CONSENT, OATH AND
DESIGNATION**

Pursuant to SCPA Article 17-A
-----X
STATE OF NEW YORK)
COUNTY OF _____) ss.:

File No. _____

_____, being duly sworn, deposes and says: I am an adult competent person and I do hereby consent to the relief requested in the petition and my appointment as standby guardian alternate standby guardian second alternate standby guardian third alternate standby guardian of the person property person and property limited guardianship of the property

of the above-named Respondent and I waive the issuance and service of process upon me herein. I will make an application for confirmation in accordance with SCPA §1757 and will be subject to a formal hearing if the Respondent is eighteen years of age or over. I agree that upon the death, incapacity, renunciation or adjudication of incompetency of the last guardian who has been designated to serve prior to me, I will immediately assume the duties of guardian of the person property person and property limited guardianship of the property

and will seek to have this Court confirm my appointment within (180) days of my assumption of duties.

1. OATH OF STANDBY GUARDIAN ALTERNATE STANDBY GUARDIAN SECOND ALTERNATE STANDBY GUARDIAN THIRD ALTERNATE STANDBY GUARDIAN: I am over eighteen (18) years of age and that I will well, faithfully and honestly discharge the duties of standby guardian alternate standby guardian second alternate standby guardian third alternate standby guardian of the person property person and property limited guardianship of the property

of the above named Respondent, that I am acquainted with the estate of the Respondent; and that I am not ineligible to receive letters.

2. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I do hereby designate the Clerk of the Surrogate's Court of _____ County, and his/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 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.

My permanent address is : _____
(Street Address) (City/Town/Village) (State) (Zip)

(Signature of Proposed Guardian)

(Print Name)

On _____, _____, before me personally came

_____ to me known to be the person described in and who executed the foregoing instrument. Such person duly swore to such instrument before me and duly acknowledged that he/she executed the same.

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