

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF RICHMOND

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In the Matter of the Application of

Petitioner(s),

VERIFIED PETITION
FOR THE
APPOINTMENT OF
A GUARDIAN

For the Appointment of a Guardian
of the Person and Property of

Index No.:

An Alleged Incapacitated Person.

REQUESTING IMMEDIATE TEMPORARY
GUARDIAN BE APPOINTED
____ YES ____ NO
JUSTIFICATION PARAGRAPH 7A

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X

TO THE SUPREME COURT OF THE STATE OF NEW YORK:

The petition of (petitioner's name) _____,

(petitioner's address) _____,

(petitioner's email) _____,

(petitioner's cell#) _____ alleges as follows:

1. The alleged capacitated person is my: (Please Check One)

____ Spouse, ____ Mother, ____ Father, ____ Daughter, ____ Son,

____ Sister, ____ Brother, ____ Aunt, ____ Uncle, ____ Cousin,

____ Other: _____ (Please Specify)

2. As such I am fully familiar with the facts and circumstances surrounding this matter. I am making this Petition to ask the Court to appoint me as Guardian of the Person and Property of the alleged incapacitated person.

3. The alleged incapacitated person was born on _____.

4. He/She has the following family members: (Please list the names, addresses, email, telephone/cell of the alleged incapacitated person's living spouse, children, parents, brothers, sisters, and if none, any extended family if known):

5. The alleged incapacitated person currently resides at the following address (If the alleged incapacitated person is temporarily in a hospital, rehabilitation center or some other type of facility, please indicate the name and address of the facility as well as his/her home address):

6. I am requesting to be the guardian because the AIP suffers from the following condition(s) and functional limitations. Therefore, he/she cannot understand and appreciate the nature and consequences of his/her inability/limitations to provide for his/her own personal and property management and prevent harm to himself/herself: (Please explain all physical and/or mental disabilities and/or medical conditions that impair the alleged incapacitated person's ability to function in a manner necessary to prevent harm to himself/herself):

7. Due to the alleged incapacitated person's condition described above, he/she has an inability to protect himself/herself. Therefore, I am requesting the following powers to protect the alleged incapacitated person: (Please check **all** activities of daily living and/or financial matters that you believe the alleged incapacitated person cannot do for themselves):

- Mobility, Travel, Eating, Bathing, Bathroom,
- Grooming, Dressing, Housekeeping, Cooking, Shopping,
- Nutrition, Healthcare, Driving, Money Management,
- Banking, Applying for Medicaid, Real Property Management,
- Balance Checkbook, Budget and Allocate Resources, Insurance,
- Paying Bills, Safe Living Environment, Medical Decisions,
- Prevent Financial Exploitation by Others,
- Prevent Personal Harm by Others

Other (Please explain): _____

8. The alleged incapacitated person has the following assets and sources of income which need to be marshalled and protected (Please list all pensions, salaries, annuities, social security benefits, government benefits, real property, stocks and bonds, saving and/or checking accounts, etc.):

9. The alleged incapacitated person has the following monthly bills that require payment (Please list all utilities, rent payments, mortgage payments, insurance, medical expenses, medications, etc.):

10. I am also requesting the power to do the following for the alleged incapacitated person (Please specify any other powers you are requesting, including whether you are seeking the appointment of a temporary guardian pending a hearing and determination of this application. If you are requesting the appointment of a temporary guardian, please set forth the reasons below.):

11. In light of the alleged incapacitated person's foregoing medical condition and functional limitations, I believe that he/she cannot adequately understand and appreciate the nature and consequences of his/her functional limitations and is likely to suffer harm. The least restrictive form of intervention is the appointment of a guardian of the person and property as set forth herein.

12. To the best of my knowledge, a prior request for a guardian herein has/has not been **(circle one)** made to the Supreme Court, Surrogate's Court, Family Court or a Court in another State. If a prior application has been made, please set forth the name and address of the Court, together with the docket/index number assigned, and the outcome of the proceeding, if known.

WHEREFORE, your petitioner requests that the court grant the relief requested herein, appoint a court evaluator and appoint the petitioner as guardian of the person and property of the alleged incapacitated person, together with such other and further relief as to the court may seem just and proper.

Dated:

(Petitioner's Signature)

(Print Name)

VERIFICATION

STATE
OF NEW
YORK
COUNTY
OF

_____, being duly sworn, deposes and says:

I am the petitioner herein. I have read the foregoing petition and the same is true of my own knowledge except as to the matters therein stated to be alleged on information and belief, and as to those matters, I believe them to be true.

(Petitioner's Signature)

(Print Name)

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

Notary Public