

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

-----X

IN THE MATTER OF THE GUARDIANSHIP OF

_____ ,

(an infant) or (an Intellectually Disabled) (or Developmentally Disabled) Person

-----X

**PETITION TO TERMINATE A
GUARDIANSHIP ACCOUNT
PURSUANT TO SCPA §1727 AND/OR
 FOR THE REVOCATION OF LETTERS
OF GUARDIANSHIP OF THE
PROPERTY AND/OR FOR THE
MODIFICATION OF LETTERS**

FILE NO: _____

TO THE SURROGATE'S COURT, BROOME COUNTY

It is respectfully alleged:

1. The name, domicile (or, in the case of a bank or trust company, its principal office) and interest in this proceeding of the petitioner(s) are as follows:

Name: _____ Interest _____

Domicile or Principal Office: _____
(Street and Number)

(City, Village or Town) State Zip Code

Mailing Address: _____
(If different from domicile)

Name: _____ Interest _____

Domicile or Principal Office: _____
(Street and Number)

(City, Village or Town) State Zip Code

Mailing Address: _____
(If different from domicile)

2. Name of infant/ward: _____
Permanent Address: _____

Date of birth: _____

3. Date Letters of Guardianship were issued: _____

Type of Letters **[Check one]**: Person and Property Property only

[CHOOSE EITHER 4(a) or 4(b), AS APPLICABLE].

4.(a) NO GUARDIANSHIP FUNDS HAVE EVER BEEN COLLECTED OR ADMINISTERED FOR BENEFIT OF THE WARD.

- OR -

4.(b) The name and address of the financial institution(s) in which funds of the ward are/were on deposit:
[List all, attach additional sheet if needed]

Name: _____

Address: _____

Amount on deposit at date of this petition \$ _____

Name: _____

Address: _____

Amount on deposit at date of this petition \$ _____

TOTAL CURRENTLY ON DEPOSIT AT ALL FINANCIAL INSTITUTIONS: \$ _____

[COMPLETE NUMBER 5 IF GUARDIANSHIP FUNDS WHICH, IN THE AGGREGATE, DO NOT EXCEED \$10,000.00 REMAIN ON DEPOSIT IN AN ACCOUNT ESTABLISHED FOR THE WARD]

5. The source of the funds comprising the current deposit(s) is/are as follows:

6. All annual accounts have been filed as required by law. If guardianship funds remain on deposit for benefit of the ward, a final account must accompany the petition to include a bank statement(s).

7. The only persons interested in this proceeding entitled to notice thereof are the following:

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

9. No previous application has been made for the relief now sought.

[CHOOSE ONE FORM OF RELIEF BELOW].

[WHERE NO GUARDIANSHIP FUNDS EVER COLLECTED/ADMINISTERED FOR WARD]

WHEREFORE, petitioner(s) respectfully request(s) that an order be granted revoking the Letters of Guardianship of the **[Check one]** Person and Property Property only.

[Check if applicable] And that an Amended Decree granting Amended Letters of Guardianship be issued appointing petitioner Guardian of the Person Only.

- OR -

[WHERE GUARDIANSHIP FUNDS NOT EXCEEDING \$10,000.00 REMAIN ON DEPOSIT FOR BENEFIT OF THE WARD].

WHEREFORE, petitioner(s) respectfully request(s) that an order be granted authorizing termination of guardianship account number(s) _____ at

[Name of Financial Institution(s)]

and to pay the balance of the account(s) which do not exceed Ten Thousand and 00/100 Dollars (\$10,000.00) to _____ as **(choose one)** parent of the ward or a competent adult with whom such person resides or a person who has some interest in such person's welfare for the use and benefit of such person AND **(choose one)** that the Letters of Guardianship of the Property shall remain in full force and the property guardian(s) will continue to account to the court annually as required by law even if the account reports a zero

balance OR that the Letters of Guardianship of the Property only be revoked. **[Check if applicable]** [] And that an Amended Decree granting Amended Letters of Guardianship be issued appointing petitioner Guardian of the Person Only.

Date: _____

PETITIONER

Date: _____

PETITIONER

STATE OF NEW YORK)
COUNTY OF BROOME) ss:

I, _____, the petitioner named in the foregoing Petition, being duly sworn, says:

I have read the foregoing Petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to those matters therein stated to be alleged on information and belief, and as to those matters, I believe it to be true.

Sworn to before me this _____
day of _____, 2_____

PETITIONER

NOTARY PUBLIC

Commission Expires:
(Affix Notary Stamp or Seal)

STATE OF NEW YORK)
COUNTY OF BROOME) ss:

I, _____, the petitioner named in the foregoing Petition, being duly sworn, says:

I have read the foregoing Petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to those matters therein stated to be alleged on information and belief, and as to those matters, I believe it to be true.

Sworn to before me this _____
day of _____, 2_____

PETITIONER

NOTARY PUBLIC

Commission Expires:
(Affix Notary Stamp or Seal)

