At a Term of the Supreme Court of the State of New York held in and for County of at the Courthouse, , New York on the day of , .

PRESENT: HON. DAVID H. GUY

 Acting Supreme Court Justice

STATE OF NEW YORK

SUPREME COURT : COUNTY OF

In the Matter of the Application of  **FINDINGS**

***(NAME OF PETITIONER)***, Petitioner Index No.:

Pursuant to Article 81 of the Mental

Hygiene Law for the Appointment of a RJI No. :

Guardian of the Person and Property of

***(NAME OF INCAPACITATED PERSON)***,

an Alleged Incapacitated Person.

 An Order to Show Cause having been duly signed on , directing that ***(NAME OF INCAPACITATED PERSON)*** an alleged incapacitated person, show cause why a guardian of the Person and Property should not be appointed for ***(NAME OF INCAPACITATED PERSON)*** and granting other relief as set forth therein, and ***(NAME OF COURT EVALUATOR)*** having been appointed as Court Evaluator and having duly appeared as same and having given( his/her) report as required by law, and ***(NAME OF COUNSEL)*** having been appointed as Counsel to ***(NAME OF INCAPACITATED PERSON)***, the Alleged Incapacitated Person, and having duly appeared as same, and ***(NAME OF PETITIONER)***, the petitioner herein and ***(NAME OF PETITIONER’S ATTORNEY)***, attorney for the petitioner, having appeared, and this matter having regularly come on for a hearing on , and upon all the pleadings and proceedings heretofore had herein,

and due deliberation having been had thereon.

 NOW, the court does hereby make the following findings pursuant to Section 81.15 of the Mental Hygiene Law based on clear and convincing evidence introduced at the hearing,

 1. That ***(NAME OF INCAPACITATED PERSON)*** suffered (***explain disabilities)***. Based on (his/her) functional limitations and (his/her) inability to adequately understand and appreciate the nature and consequences of such functional limitations ***(NAME OF INCAPACITATED PERSON)*** is likely to suffer harm. The appointment of a guardian is necessary to protect ***(NAME OF INCAPACITATED PERSON)*** with respect to property management and personal care.

 2. ***(IF APPLICABLE)*** That ***(NAME OF INCAPACITATED PERSON)*** has consented on the record to the appointment of ***(NAME OF GUARDIAN)*** as the Guardian of (his/her) Person and Property.

 3. ***(IF APPLICABLE)*** That the presence of ***(NAME OF INCAPACITATED PERSON)*** was dispensed with because

***(CHOOSE either a or b):***

a) (he/she) is completely unable to participate in the hearing, pursuant to MHL 81.11(c)(2)

**OR**

b) no meaningful participation would result from (his/her) presence at the hearing, pursuant to MHL 81.11(c)(2).

 4. That ***(NAME OF GUARDIAN)*** is an appropriate guardian and the petition of ***(NAME OF PETITIONER)*** is hereby granted.

 5. ***(IF APPLICABLE)*** That for good cause shown, the record of these proceedings is sealed and may only be opened or inspected upon further order of the Court, except for the attorneys of record for the parties and the Court Examiner.

 6. That pursuant to Sections 81.21 and 81.22 of the Mental Hygiene Law, the Guardian shall have the following powers constituting the least restrictive form of intervention consistent with ***(NAME OF INCAPACITATED PERSON)***’s functional limitations:

***(INSERT POWERS DESIGNATED BY JUDGE)***

 7. That ***(NAME OF INCAPACITATED PERSON)***’s assets consist of those items of real and personal property

***(CHOOSE either a, b, or c):***

a) as follows: ***OR***

b) (as set forth in the petition and) as modified by the testimony (of ) at the hearing (and summarized on Schedule A attached hereto and made a part hereof) ***OR***

c) as set forth in the petition.

8. That ***(NAME OF INCAPACITATED PERSON)***(shall/shall not) receive copies of the initial and annual reports.

9. ***(IF APPLICABLE)*** Power to gift property ***[must include findings set forth in MHL Sec. 81.21.(e)]***

10.. ***(IF APPLICABLE)*** That the (Power of Attorney/ Health Care Proxy) appointing ***(NAME OF AGENT),*** dated was made while ***(NAME OF INCAPACITATED PERSON)*** was incapacitated and said (Power of Attorney/Health Care Proxy) is revoked, and the Agent shall account to the Guardian, if and as requested.

11. ***(IF APPLICABLE)*** That there has been a breach of fiduciary duty by ***(NAME OF AGENT)*** appointed by the Power of Attorney dated and said Power of Attorney is revoked, and the Agent shall account to the Guardian, if and as requested.

 12. That the duration of the Guardianship shall be until further Order of this Court. ***(OR STATE DURATION SPECIFIED BY JUDGE.)***

Dated:

 Hon. David H. Guy

 Acting Supreme Court Justice