STATE OF NEW YORK

SUPREME COURT: COUNTY OF

In the Matter of the Application of

***(NAME OF PETITIONER)***

 **NOTICE OF GUARDIANSHIP**

 Petitioner, **PROCEEDING**

Pursuant to Article 81 of the Mental Hygiene Index No:

Law for Appointment of a Guardian of the RJI No:

Person and Property of

 Judge Assigned:

***(NAME OF ALLEGED INCAPACITATED PERSON*)** Hon. David H. Guy

an Alleged Incapacitated Person

 **PLEASE TAKE NOTICE** that the annexed Order to Show Cause is being served upon you as an interested party, pursuant to Mental Hygiene Law §81.07(g), to notify you of the commencement of a Guardianship proceeding under Article 81 of the Mental Hygiene Law.

1. **The name and address of the alleged incapacitated person to whom the guardianship proceeding relates:**

2. **The name and address of the petitioner:**

3. **The names of all persons to be given notice of the proceeding:**

4. **The time when and the place where the Order to Show Cause shall be heard:**

5. **The object of the proceeding and the relief sought in the petition:**

6. **The name, address and telephone number of the petitioner’s attorney:**

Dated:

 Name of Petitioner’s Attorney

 Address

 Telephone No.