

**Pursuant to Article 81 of the Mental Hygiene Law**

**COMMISSION FOR \*GUARDIAN**

**for the appointment of a \*Guardian for:**

**INDEX No.**

An Incapacitated Person/ Person In Need of a Guardian

THE PEOPLE OF THAT STATE OF NEW YORK, TO ALL WHOM THESE PRESENTS SHALL COME GREETING:

NOW THEREFORE, KNOW YE THAT WE HAVE GRANTED, GIVEN AND COMMITTED, AND BY THESE PRESENTS DO GIVE, GRANT AND COMMIT UNTO THE SAID \*GUARDIAN THE POWERS AS SET FORTH IN THE **ATTACHED COURT CERTIFIED COPY** OF THE ORDER/JUDGMENT dated and entered in the office of the Nassau County Clerk on the day of ,20 appointing as guardian of the [Person and/or Property] of .

WHEREAS, the appointment of Guardian shall be indefinite or insert date/event.

\*\*\*\*PLEASE NOTE: if a certified copy of the order is not attached this Commission is null & void. Incapacitated Person's

Name:

Incapacitated Person's Address:

Incapacitated Person's Phone #:

\*Guardian's Name:

\*Guardian's Address:

\*Guardian's Phone #:

WITNESS, MAUREEN O'CONNELL, CLERK OF THE COUNTY OF NASSAU, STATE OF NEW YORK, AT 240 OLD COUNTRY ROAD, MINEOLA, THIS \_\_\_\_\_ DAY OF, 20\_\_\_\_\_ .

BY THE CLERK OF THE COURT, COUNTY OF NASSAU

INSTRUCTIONS TO FILE YOUR COMMISSION

*If a bond is required, the court must approve the bond, prior to the filing of your commission*

Please complete attached commission form and submit with a certified copy of the order and judgment to the Nassau County Clerk Office at 240 Old Country Road Mineola, NY 11501.

\*Be sure to amend accordingly for Co-Guardians, Successor Guardian, Temporary Guardian or Special Guardian.

\*\* Be sure to pick **either** An Incapacitated Person or Person in Need of Guardian.

\*\*\* Dated: the date the judge signed the order and judgment.

Entered: the date the County Clerk "stamps" the order and judgment entered (ask them for entered date).

\*\*\*\* A certified copy of the order and judgment must be purchased at the County Clerk Office and submitted with your completed commission form