

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

----- 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, DELAWARE 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 \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ ) 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 \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ ) 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)

SURROGATE'S COURT OF THE STATE OF NEW YORK

COUNTY OF DELAWARE

-----X

In the Matter of the Application of

\_\_\_\_\_to

**WAIVER AND CONSENT**

terminate a guardianship account established for

\_\_\_\_\_.

File No.: \_\_\_\_\_

Pursuant to SCPA §1727 and/or for the revocation  
of Letters of Guardianship of the Property and/or for  
the Modification of Letters of Guardianship of the  
Person and Property.

\_\_\_\_\_.X

The undersigned \_\_\_\_\_, whose permanent  
address is \_\_\_\_\_

and who is a competent person over the age of eighteen (18) years and whose interest in the above-named proceeding  
is as follows:

**[Check appropriate interest.]**

- ☐ Property Guardian of the ward
- ☐ Parent of the ward (not court appointed guardian)
- ☐ Competent adult other than guardian or parent with whom ward resides
- ☐ Person with interest in ward's welfare other than guardian or

parent hereby personally appears in this proceeding and

1. Waives the issuance and service of process in this matter, and
2. Acknowledges receipt of a copy of the petition and exhibits thereto and consents to the relief requested therein.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

STATE OF \_\_\_\_\_ )  
 ) ss:

COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_, \_\_\_\_\_, before me personally

Came \_\_\_\_\_ to  
me known to be the person described in and who executed the foregoing instrument. Such person duly swore to such  
instrument before me and duly acknowledged that he/she executed the same.

\_\_\_\_\_  
Notary Public

Commission Expires:

(Affix Notary Stamp or Seal)