



STATE OF NEW YORK
SURROGATE'S COURT :

COUNTY

File No.:



TO: _____



A petition having been filed by _____, who reside(s) at

Street, _____ City, _____ State, _____ Zip



You are hereby cited to show cause before the Surrogate's Court, _____ County, at
_____, New York on _____, 20 __, at ____:____ o'clock
that day, why



① Letters of Guardianship of the Person Property Person & Property
 Limited Guardian of Property of _____ should not be granted to
_____;



② Why appointment of _____ as Standby Guardian of the
 Person Property Person & Property Limited Guardian of Property
of _____ should not be granted;



③ Why appointment of _____ as First Alternate Standby Guardian
of the Person Property Person & Property Limited Guardian of Property
of _____ should not be granted;



④ Why appointment of _____ as Second Alternate Standby Guardian
of the Person Property Person & Property Limited Guardian of Property
of _____ should not be granted;



⑤ Why a hearing should be should not be held;



⑥ Why the appearance of Ward should be should not be required at the hearing;



⑦ Why the Guardian(s) of the person should not be authorized and empowered to make all
decisions with respect to the medical and dental needs of the Ward and to render consent to any
medical procedures which are necessary to the health and welfare of the Ward, unless the court
directs otherwise. A health care decision may include a decision to withhold or withdraw
life-sustaining treatment as defined in subdivision (j) of 81.03 of the Mental Hygiene Law.



⑧ Additional relief requested:

Dated, Attested and Sealed _____, 20____
(Seal)

Hon. _____
Surrogate

_____, Chief Clerk



Attorney for Petitioner(s): _____ Phone No.: (____) _____ - _____
Address of Attorney: _____