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STATE OF NEW YORK
SURROGATE'S COURT : COUNTY OF



Proceeding for the Appointment of a
Guardian for

Pursuant to SCPA Article 17-A

**PETITION FOR
APPOINTMENT OF GUARDIAN**

It is respectfully alleged:

- ① Petitioner(s) is/are seeking guardianship of Ward's:
 Person Property Person & Property Limited Guardian of Property

- ② Ward (*the person you are seeking guardianship of*) is:
 Mentally Retarded a Developmentally Disabled person

- ③ Petitioner(s) information is as follows:

Name: _____ Phone Number: (____) ____ - ____
Address: _____
Date of Birth: ____ / ____ / ____ Relationship (*to Ward*): _____

Name: _____ Phone Number: (____) ____ - ____
Address: _____
Date of Birth: ____ / ____ / ____ Relationship (*to Ward*): _____

- ④ Ward's information is as follows:

Name: _____ Phone Number: (____) ____ - ____
Address: _____
Date of Birth: ____ / ____ / ____ Marital Status: Single Married Divorced

The original or a certified copy of Ward's birth certificate is attached to this petition.

- ⑤ Please check one box and/or fill in the information where applicable.

Ward has not has been admitted to a group home or facility as defined in Section 1.03 and/or Article 15 of the Mental Hygiene Law. (*A group home or facility as defined in Section 1.03 and/or Article 15 of the Mental Hygiene Law is a group home or facility that is either administered or licensed by the New York State Office of Mental Retardation and Developmental Disabilities.*)

 Group home or facility information:

 Name	
 Address	
 Name of Director	
 Address of Director	
 Director of Mental Hygiene Legal Service	
 Address of Mental Hygiene Legal Service	

 ⑥ Please complete the following information for Ward's father, mother, spouse, adult children, adult siblings and primary care physician. *(Use additional sheets of paper if necessary.)*

Relationship	Name	Address	Phone No.	Date of Birth	Date of Death
Father			()	/ /	/ /
Mother			()	/ /	/ /
Spouse			()	/ /	/ /
Adult Children <input type="checkbox"/> Son <input type="checkbox"/> Daughter			()	/ /	NA
<input type="checkbox"/> Son <input type="checkbox"/> Daughter			()	/ /	NA
<input type="checkbox"/> Son <input type="checkbox"/> Daughter			()	/ /	NA
Adult Siblings <input type="checkbox"/> Brother <input type="checkbox"/> Sister			()	/ /	NA
<input type="checkbox"/> Brother <input type="checkbox"/> Sister			()	/ /	NA
<input type="checkbox"/> Brother <input type="checkbox"/> Sister			()	/ /	NA
Primary Care Physician			NA	NA	NA

 7

If Ward's father and mother are deceased, list the names and addresses of any adult distributees who are closest by blood. If this doesn't apply, put "NA" or "Not Applicable". (Use additional sheets of paper if necessary.)

Name	Address	Relationship

 8

The name and address of the person(s) with whom Ward resides and/or the person(s) charged with Ward's care and custody, if other than parents or spouse.

Name: _____ Relationship (to Ward): _____
Address: _____

 9

If Ward's parents, spouse, adult children or adult siblings are living but not proposed to be appointed Guardian, Standby Guardian or Alternate Standby Guardian, please explain why below. (Use additional sheets of paper if necessary.)

 10

The person(s) proposed to be appointed Guardian, Standby Guardian or Alternate Standby Guardian is an adult, of sound mind, and competent.

 11

Check the appropriate box for guardianship as follows:

a. for Ward *only*; b. for Ward's property *only* a. & b. for Ward *and* his/her property

- a. Petitioner(s) is/are seeking guardianship of Ward's person and alleges that he/she/they is/are motivated solely by the best interest of Ward for the reasons set forth below:

- b. Petitioner(s) is/are seeking guardianship of Ward's property and alleges that the estimated value of all real and personal property to which the Ward is entitled to is:

_____.

? 12

If you are seeking guardianship of Ward's property, then you must answer these questions. If not, put "NA" or "Not Applicable" here and move on to 13 : _____.



?

Personal Property. (Use additional sheets of paper if necessary.)

Bank account(s)

Bank Name	Type	Account No.	Balance
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Insurance Policy(ies)

Company Name	Policy No.	Amount	Insured	Relationship

Stock(s) and/or bond(s)

Name	Type	Number	Current Value
	<input type="checkbox"/> Stock <input type="checkbox"/> Bond		
	<input type="checkbox"/> Stock <input type="checkbox"/> Bond		

Other: _____

?

Real Property. Real property refers to a house or parcel of land. If Ward does not own any real property, put "NA" or "Not Applicable" here: _____.

?

Address: _____

Ward's Interest: _____%

Property is: Mortgaged Under a Lien

Annual Income: _____

Ward currently resides in property or plans to:

Sale of Ward's property is being discussed:

Market Value: _____

Amount Owed: _____

Rental Income: _____

Yes No

Yes No



Annual Income of Ward (from all sources). Fill in all appropriate information. If Ward is not receiving income from an outside source, put "NA" or "Not Applicable" here: _____.



Wages	Employer:	Annual Amount:
Pension	From:	Annual Amount:
Trust	Name:	Annual Amount:
Government Entitlements	<input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Other:	Annual Amount:
Other	<input type="checkbox"/> Child Support <input type="checkbox"/> Other:	Annual Amount:



Source of All Property (listed above).

If any property is derived from an estate or as a result of the death of any person, name the decedent, the date of death and relationship to Ward, whether a fiduciary has been appointed, court name, file number, and type of letters. Provide a copy of any will or decree directing payment. List the names and addresses of all banks, insurance companies and person(s) from whom payment is expected. (Use additional sheets of paper if necessary.)



13

Ward has been duly certified as a person incapable of managing himself/herself and/or his/her affairs by reason of Mental Retardation
 Developmental Disability

and such condition is permanent in nature or likely to continue indefinitely, as shown by the affidavit and/or affirmation(s) of:

<input type="checkbox"/> Physician <input type="checkbox"/> Licensed Psychologist	Name:	Dated:
Physician	Name:	Dated:

The original affidavit and/or affirmation(s) are attached hereto and made a part of this petition. Please note that the physician(s) and/or licensed psychologist making the affidavit and/or affirmation must have seen the Ward within one year of the filing of this petition. Where affirmations of two licensed physicians are used, at least one affirmation must evidence special qualifications to make the affirmation as set forth in SCPA §1750 or §1750-a. At least one affirmation must evidence that the physician is familiar with or has professional knowledge in the care and treatment of persons with mental retardation or developmental disabilities, as appropriate.

14

If you are seeking a limited guardianship of Ward's property, then you must answer this question. If not, put "NA" or "Not Applicable" here: _____.

Ward is over 18 years of age and employed by:

Name of Employer: _____

Address: _____

Ward is wholly or substantially self supporting by means of his/her wages or earnings from employment.

15

Guardian information, if other than Petitioner:

Name: _____ Phone Number: () -

Address: _____

Relationship (to Ward): _____ Education: _____

Date of Birth: / / Qualifications: _____

To be appointed Guardian of Ward's:

- Person Property Person & Property Limited Guardian of Property

Name: _____ Phone Number: () -

Address: _____

Relationship (to Ward): _____ Education: _____

Date of Birth: / / Qualifications: _____

To be appointed Guardian of Ward's:

- Person Property Person & Property Limited Guardian of Property

16

Standby Guardian information:

Name: _____ Phone Number: () -

Address: _____

Relationship (to Ward): _____ Education: _____

Date of Birth: / / Qualifications: _____

To be appointed Guardian of Ward's:

- Person Property Person & Property Limited Guardian of Property

17

First Alternate Standby Guardian information:

Name: _____ Phone Number: () -

Address: _____

Relationship (to Ward): _____ Education: _____

Date of Birth: / / Qualifications: _____

To be appointed Guardian of Ward's:

- Person Property Person & Property Limited Guardian of Property

18

Second Alternate Standby Guardian information:

Name: _____ Phone Number: () -
 Address: _____
 Relationship (to Ward): _____ Education: _____
 Date of Birth: / / Qualifications: _____
 To be appointed Guardian of Ward's:
 Person Property Person & Property Limited Guardian of Property

19

Check the box that best reflects Ward's ability to appear in Court.

- a. Ward is able to attend the hearing to be scheduled by the court.
- b. Ward's presence at the hearing should not be required because Ward has a medical issue or attendance could result in harm to Ward. *(Please note that the physician affirmation(s) must back up this claim.)*
- c. Ward's presence at the hearing should not be required because: *(Specify the circumstances other than in "b" above as to why you don't believe attending the hearing would be in Ward's best interest. Use additional sheets of paper if necessary.)*

- d. Ward is less than 18 years of age and Petitioner(s) requests that a hearing not be required.

20

Ward has never had a guardian appointed by will or deed or an acting guardian in socage, or a guardian of the person appointed pursuant to §384 or §384-b of the Social Services Law.

21

Petitioner(s) has/have doesn't/don't have knowledge that a person nominated to be a guardian, or any individual 18 years of age or over who resides in the home of the proposed guardian:

- a. Is the subject of a report filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant to the rules of Child Protective Services, following an investigation which determines that some credible evidence of alleged abuse or maltreatment exists; and/or
- b. Has been the subject of/or the respondent in a Child Protective Proceeding commenced pursuant to law, which proceeding resulted in an order finding that the Ward is an abused or neglected individual.

If Petitioner has such knowledge, a notarized statement explaining in detail why one or both statements above apply to you must be attached to this petition.

 22 Petitioner(s) has/have completed and submitted to the court the Request for Information Guardianship Form (OCFS 3909) required to be submitted to the New York State Central Register of Child Abuse and Maltreatment.

 23 If the Ward is under 18 years of age, check the appropriate box.
Ward is is not a Native American child under the Indian Child Welfare Act of 1978 (25 U.S.C. §1901-1963).

 24 There is no other person(s) interested in this proceeding who must be served other than those listed above.

 25 No prior application has been made to any court for the relief requested herein, except: *(If this is the first time guardianship is being requested, enter "None" below. Otherwise, give specifics with respect to prior applications.)*

 **WHEREFORE**, your Petitioner(s) respectfully requests: *(Check all appropriate boxes for the relief being requested.)*

 Letters of Guardianship of Ward's:
 Person Property Person & Property Limited Guardian of Property
be granted to: _____

 Appointment of _____ as Standby Guardian of Ward's:
 Person Property Person & Property Limited Guardian of Property

 Appointment of _____ as First Alternate Standby Guardian of Ward's:
 Person Property Person & Property Limited Guardian of Property

 Appointment of _____ as Second Alternate Standby Guardian of Ward's:
 Person Property Person & Property Limited Guardian of Property

be granted, or to such other person or corporation as may be entitled thereto and that process be issued to all interested persons who have not waived the issuance of same requiring them to show cause why such relief should not be granted.

 The appearance of Ward be not be required at any hearings.

 The guardian(s) of Ward's person be authorized and empowered to make all decisions with respect to the medical and dental needs of Ward and to render consent to any medical procedures which are necessary to the health and welfare of 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.

The guardian(s) of Ward's property be directed to collect and receive all monies and other property of Ward jointly with a Clerk of the Surrogate's Court, or depository subject to the provisions of SCPA 1708, and shall deposit same in the name of the guardian(s), subject to order of the court with: (List a Bank Depository in _____ County.)



Bank/Depository Name: _____

Address: _____

The bond of the guardian(s) be dispensed with.



Additional relief requested:



Dated: _____



Signature

Print Name



Signature

Print Name



Name of Corporate Petitioner

Signature of Officer

Name and Title of Officer

Signature of Attorney: _____



Print Name: _____ Phone Number: () - _____

Firm Name: _____

Address of Attorney: _____

VERIFICATION

State of New York)
) ss.:
? County of)

? _____, being duly sworn, depose and say: I am/We are the Petitioner(s) above named. I/We have read the foregoing petition and the same is true to my/our own knowledge except as to matters therein stated to be alleged upon information and belief and as to those matters I/we believe them to be true.

? Signature

Print Name

? Signature

Print Name

Sworn to before me this _____
day of _____, 20____. ?

Notary Public

Please note that there are two (2) separate designation forms in this packet. You only need to complete the one that applies to you. The other can be thrown out. If you are an individual seeking guardianship alone or with a Co-Petitioner, you should complete this designation form. If Petitioner is a corporation, such as ARC, then the Combined Corporate Consent & Designation, which is the next page, should be completed.

COMBINED OATH & DESIGNATION

For use when Petitioner(s) is an individual

State of New York)

? County of) ss.:)

? _____, being duly sworn, depose(s) and say(s):

? ① Oath of Guardian(s): I am/We are over 18 years of age and a citizen(s) of the United States. I/We will faithfully and honestly discharge the duties of such guardian(s). I am/We are acquainted with the estate of said Ward and have read the statement contained in the foregoing petition as to the estimated value of same, and believe same to be correct, and that I am/we are eligible to receive letters.

? ② Designation of Clerk for Service of Process: I/We hereby designate the Clerk of Surrogate's Court of _____ County, and his/her successor in office as a person on whom service of any process issuing from such Surrogate's Court may be made in like manner, and with like effect as if it were served personally upon me/us, whenever I/We cannot be found within the State of New York after due diligence used.

? Petitioner's address: _____

? Co-Petitioner's address: _____

? _____
Signature

Print Name

? _____
Signature

Print Name

? State of New York, County of _____ ss.:

On _____, 20____, before me personally came _____, to me known to be the person(s) described in and who executed the foregoing instrument. Such person(s) duly swore to such instrument before me and duly acknowledged that he/she/they executed the same.

Notary Public

COMBINED CORPORATE CONSENT & DESIGNATION

For use when Petitioner is a corporation

State of New York)
) ss.:
 County of)



I, the undersigned, a _____ of _____, a corporation duly qualified to act in a fiduciary capacity without further security, being duly sworn, says:



①

Verification: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true to my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe them to be true.



②

Consent: I consent to accept the appointment as
 Guardian Standby Guardian First Alternate Standby Guardian
 Second Alternate Standby Guardian of Ward's
 Person Property Person & Property Limited Guardian of Property described in the foregoing petition and consent to act as such fiduciary.



③

Designation of Clerk for Service of Process: I hereby designate the Clerk of Surrogate's Court of _____ County, and his/her successor in office as a person on whom service of any process issuing from such Surrogate's Court may be made in like manner, and with like effect as if it were served personally upon me, whenever I cannot be found within the State of New York after due diligence used.



Name of Corporate Petitioner

Signature of Officer

Name and Title of Officer



State of New York, County of _____ ss.:

On _____, 20____, before me personally came _____, to me known, who duly swore to the foregoing instrument and which did say that he/she resides at _____ and that he/she is a _____ of _____, the corporation described in and which executed such instrument, and that he/she signed his/her name thereto by order of the Board of Directors of the corporation.

Notary Public