

SUPREME COURT OF THE STATE OF NEW YORK
County of Westchester

Present: Hon. J. Emmett Murphy, JSC.

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In the Matter of the Guardianship of

Application to Activate
Standby Guardian

Index No. _____

An Incapacitated Person.

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Court authorization to allow Standby Guardian (*Name*) _____, to actively assume responsibilities as Guardian of _____, an Incapacitated Person is hereby requested. The justification for the Standby Guardian to assume responsibility follows:

(Check and complete applicable circumstance.)

____ The Guardian died on _____, _____, 2016.
(Attach Death Certificate documenting the death of the Guardian).

____ The Guardian is physically/mentally incapable of continuing to serve as Guardian.
(Attach a Physician statement or Judicial determination documenting the Guardian's incapacity).

____ Other *(Specify reason and submit documentation supporting application).*

_____.

Dated: _____, 2016
White Plains, New York

_____ (Signature)

_____ (Print name)

Sworn to before me this ____ day
of _____, 2016

(Notary Public)

_____ (address)

_____ (Fax or e-mail)

cc: Court Examiner, Esq.
Mental Hygiene Legal Services (Or Court-appointed Counsel if not MHLS)
Guardian