

**SUPREME COURT OF THE STATE OF NEW YORK**  
**County of Westchester**

Present: Hon. Robert M. DiBella, 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 \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_.  
*(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: \_\_\_\_\_, 20\_\_\_\_ (Signature)  
White Plains, New York

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Print name)

Sworn to before me this \_\_\_\_ day \_\_\_\_\_ (address)  
of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Notary Public) \_\_\_\_\_ (Fax or e-mail)

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