

Secs. 661 F.C.A.;

Form 6-10

1726 S.C.P.A.

(Determination
of
Incapacity) -
10/94

FAMILY COURT OF THE STATE OF NEW YORK COUNTY
OF

Proceedings for the *Appointment* of
a Standby Guardian of the Person of

Docket No.

DETERMINATION

a Minor

OF INCAPACITY

.....

Pursuant to Section 1726 of the Surrogate's Court Procedure
Act, I, [name] , state that:

1. I am a physician who is:

*(the attending physician, as that term ^{1S} defined
in Section 1726 of the S.C.P.A., to [name]
the petitioner in the above-captioned
proceeding.)

*(acting on behalf of [name
who is the attending physician, as that term is defined in
Section 1726 of the S.C.P.A; to [name]
the petitioner in the above-captioned proceeding.)

*(familiar with the medical *condition* of [name]
the petitioner in the above-captioned proceeding.)

2. I have determined, based on a reasonable degree of
medical certainty, that petitioner is incapacitated, in that
(he) (she) suffers from a chronic and substantial inability, as
a result of mental impairment, to understand the nature and
consequences of decisions *concerning* the care of (his) (her)
minor child(ren), and is consequently unable to care for said
child(ren).

3. In my professional *opinion*, the nature of the
petitioner's incapacity, its extent and probable duration, and
the date and source of my medical diagnosis are [note: the
illness need not be identified]:

* Delete inapplicable provisions.

4. Upon information and belief, petitioner wishes the Court to name _____ as Standby Guardian of (his)(her) minor child(ren); accordingly, I have provided a copy of this Determination of Incapacity to the Standby Guardian.

Signature

License No.

Hospital:

I, [name], acknowledge receipt of the foregoing Determination of Incapacity.

Signature of Standby Guardian

Dated: