SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------X
Proceeding for the Appointment of a
Guardian for

an Infant.
----------X

Filing Fee Paid $ _____
_____ Certs $ _____
_____ Certs $ _____
$ _____ Bond, $ _____
Receipt No: _____ No:_____

PETITION FOR APPOINTMENT OF GUARDIAN OF PERSON ONLY

File No._____

TO THE SURROGATE'S COURT, COUNTY OF _____

It is respectfully alleged:

1. The name, permanent address, date of birth and telephone number of the petitioner, and the petitioner's relationship to the infant are as follows:

Name:_____ Telephone Number:_____

Permanent Address:_____
(Street and Number)

_____
(City, Village, Town) (State) (Zip Code)

Mailing address: _____
(If different from permanent address)

Date of Birth:_____ Relationship to Infant:_____

Name:_____ Telephone Number:_____

Permanent Address:_____
(Street and Number)

_____
(City, Village, Town) (State) (Zip Code)

Mailing address: _____
(If different from permanent address)

Date of Birth:_____ Relationship to Infant:_____

2. The name, permanent address, date of birth and marital status of the infant of this proceeding is as follows:

Name:_____

Permanent Address:_____
(Street and Number)

_____
(City, Village, Town) (State) (Zip Code)

Mailing address:_____
(If different from permanent address)

Date of Birth:_____ Marital Status: _____

[Attach certified copy of birth certificate]

3. The names and permanent addresses of the parents of the infant and, if the infant is married, the infant's spouse are:
[If both parents of the infant are deceased, give date of death and complete Number 5 and Number 6]

Name of Father:_____ Date of Birth:_____ Date of Death:_____

Permanent Address:_____
(Street and Number)

_____
(City, Village, Town) (State) (Zip Code)

Mailing Address:_____
(If different from permanent address)

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Name of Mother:_____ Date of Birth:_____ Date of Death:_____

Permanent Address:_____
(Street and Number)

_____
(City, Village, Town) (State) (Zip Code)

Mailing Address:_____
(If different from permanent address)

Name of Spouse:_____ Date of Birth:_____ Date of Death:_____

Permanent Address:_____
(Street and Number)

_____
(City, Village, Town) (State) (Zip Code)

Mailing Address:_____
(If different from permanent address)

4. The names and addresses if the adult persons with whom the infant resides if other than parents are:

Name:_____

Permanent Address:_____
(Street and Number)

_____
(City, Village, Town) (State) (Zip Code)

Mailing Address:_____
(If different from permanent address)

Relationship to infant:_____

5. If father and mother are deceased, list the names and addresses of and addresses of the nearest distributees of full age who live within the state. **[If not applicable, so state]**

Name	Permanent Address	Relationship

6. The names and permanent addresses of the infant's grandparents: **[If not applicable, so state and if deceased, add date of death].**

Name	Permanent Address	
		Maternal Grandmother
		Maternal Grandfather
		Paternal Grandmother
		Paternal Grandfather

7. Petitioner is requesting appointment as guardian of the infant's person only and alleges that the petitioner is capable of providing care, custody and control of the infant during minority and is motivated solely by the best interests of the child in requesting this appointment.

8. (a) The infant has never had, at any time, a guardian appointed for him/her, and,

(b) Custody of the infant has never been surrendered by any person lawfully charged therewith nor has custody been the subject of any court order, except as hereinafter listed: **[Attach copies of all surrenders, court orders, or divorce decrees].**

_____

_____

9. Petitioner (has) (does not have) knowledge that a person nominated to be a guardian, or any individual eighteen years of age or over who resides in the home of the proposed guardian:

a. Is the subject of a reported 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 child is an abused or neglected child.

[If petitioner has such knowledge, attach an affidavit explaining in detail].

10. Petitioner has completed and annexed the Request For Information Guardianship Form (OCFS 3909) required to be submitted to the New York State Central Register of Child Abuse and Maltreatment.

11. The infant (is) (is not) a Native American child under the Indian Child Welfare Act of 1978 (25 U.S.C. Sections 1901-1963).

12. There are no other persons interested in this proceeding upon whom process is required to be served other than those listed above.

13. No prior application has been made to any Court for the relief requested herein.

WHEREFORE, your petitioner respectfully prays that:

Letters of Guardianship of the Person

be granted to _____

_____

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

Dated: _____

_____	_____
(Signature of Petitioner)	(Signature of Petitioner)
_____	_____
(Print Name)	(Print Name)

STATE OF _____)
COUNTY OF_____) ss.:

_____ , being duly sworn deposes and says that I am the petitioner above named. I have read the foregoing petition and the same is true of my own knowledge except as to matters therein stated to be alleged upon information and belief and as to those matters I believe them to be true.

Sworn to before me this
_____ day of _____, _____

_____
Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

_____
(Signature of Petitioner)

_____
(Print Name)

_____
(Signature of Petitioner)

_____
(Print Name)

COMBINED OATH & DESIGNATION

STATE OF _____)
COUNTY OF _____) ss.:

_____ being duly sworn, deposes and says:

1. OATH OF GUARDIAN: I am over eighteen (18) years of age and a citizen of the United States; that I will well, faithfully and honestly discharge the duties of such guardian: That I am acquainted with estate of said infant 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 not ineligible to receive letters.

2. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I hereby designate the Clerk of the 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.

My permanent address is : _____
(Street Address) (City/Town/Village) (State) (Zip)

_____
(Signature of Proposed Guardian)

_____
(Signature of Proposed Guardian)

_____
(Print Name)

_____
(Print Name)

On _____ , _____, before me personally came _____ to me known to be the person described in and who executed the foregoing instrument. Such person duly sworn to such instrument before me and duly acknowledged that he/she executed the same.

_____
Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

Signature of Attorney: _____

Print Name:_____

Firm Name:_____ Tel. No.: _____

Address of Attorney:_____

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------X

Proceeding for the Appointment of a
Guardian for

JOINDER AND STATEMENT OF
PREFERENCE OF INFANT 14 YEARS AND OVER

FILE NO. _____

an Infant.
----------X

I, _____, the infant, hereby join in the foregoing petition and request that

_____ of _____ be appointed guardian

of my [ ] person and property
[ ] person
[ ] property

STATE OF _____)
COUNTY OF _____) ss.:

_____ being duly sworn says: that I am the infant in the foregoing petition and joinder statement, that I have read the same and believe them to be true, and join in the prayer for the relief requested.

_____
(Signature of Infant)

_____
(Print Name)

Sworn to before me this
_____ day of _____, _____

_____
Notary Public
Commission Expires:
(Affix Notary Stamps or Seal)

Note: If the petition is prepared by an attorney, the attorney's name, address and telephone number must be set forth.

Signature of Attorney: _____

Print Name: _____

Firm Name: _____ Tel. No.: _____

Address of Attorney: _____

GUARDIANSHIP CITATION

File No._____

SURROGATE'S COURT - COUNTY

CITATION

THE PEOPLE OF THE STATE OF NEW YORK
By the Grace of God Free and Independent,

TO:

A petition having been filed by _____, who permanently resides at _____

YOU ARE HEREBY CITED TO SHOW CAUSE before the Surrogate's Court, _____ County at _____, New York, on _____, _____, at _____ (a.m.) (p.m.), why a decree should not be made appointing _____ as

[ ] Guardian of the Person

[ ] Guardian of the Property

[ ] Guardian of the Person and Property

of _____, an infant.

(State any further relief requested)

HON.
Surrogate

Dated, Attested and Sealed,

_____, _____ _____
, Chief Clerk

(Seal)

Name of
Attorney or Petitioner _____ Tel. No. _____

Address of Attorney _____

Note: This citation is served upon you as required by law. You are not required to appear. If you fail to appear it will be assumed that you do not object to the relief requested. You have the right to have an attorney-at-law appear for you.

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SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------X

Proceeding for the Appointment of a Guardian for

WAIVER OF PROCESS, RENUNCIATION AND CONSENT TO LETTERS OF GUARDIANSHIP

File No. _____

an Infant.
----------X

The undersigned _____ whose permanent address is:

_____
(Street and Number) (City, Village, Town)

_____
(State) (Zip Code)

and who is a competent person over the age of eighteen (18) years and whose interest in the above-entitled proceeding is as follows:

[Check appropriate interest]

[ ] Parent of the above-named infant
[ ] Grandparent of the above named infant
[ ] Other (Specify) _____

hereby personally appears in this proceeding and

(1) renounces all right to Letters of Guardianship of the [ ] person and property
[ ] person [ ] property of said infant.

(2) waives the issuance and service of process in this matter, and

(3) consents that _____ be appointed the guardian of the

a. [ ] Person of the above-named infant
b. [ ] Property of the above-named infant
c. [ ] Person and Property of the above-named infant

and that such letters may be granted to said person or to any other person entitled thereto without notice to the undersigned.

Date:_____

_____
(Signature)

_____
(Print Name)

STATE OF _____) ss.:
COUNTY 0F _____)

On _____ , _____ , before me personally came _____ known to me to be the individual described in and who executed the foregoing instrument, and to me such person duly acknowledged that _____ executed the same.

_____
Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)
G-5 (9/00)

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------X

Proceeding for the Appointment of a Guardian for

AFFIDAVIT OF PROPOSED GUARDIAN OF THE PERSON

File No. _____

an Infant.
----------X

STATE OF _____)
COUNTY OF _____) ss.:

To the Surrogate's Court, County of _____ :

The undersigned _____, being duly sworn, deposes and says:

1. I am a competent person over the age of eighteen (18) years, and I submit this affidavit in support of my petition to be appointed guardian of the person of _____, an infant.

2. I have known the infant since _____ by reason of the following: [State relationship, if any. Set forth when and by whom the custody of the infant was transferred to you]

_____

_____

_____

_____

_____

3. I reside at _____, and the other resident members of the household are: [Include all persons residing there and their respective ages]

_____ _____

_____ _____

_____ _____

4. Not including minor traffic offenses and adjudications as a youthful offender, wayward minor or juvenile delinquent,

(a) I have never been convicted of an offense against the law, except _____

_____

(b) I have never forfeited bail or other collateral, except _____

_____

(c) I do not have any criminal charges pending against me, except _____

_____

5. I have no physical or mental impairment, or medical condition, which would interfere with my ability to perform the duties of guardian of the infant, except

_____

_____

6. I am not addicted to unlawful narcotics or to alcohol.

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7. I am willing and able to undertake care, custody and control of the infant until the infant attains the age of eighteen (18) or until the court determines otherwise.

8. I believe that my appointment as guardian would be in the best interest of the infant for the following reasons:

_____

_____

_____

_____

_____
(Signature of Proposed Guardian)

_____
(Print Name)

Sworn to before me this
_____ day of _____, _____

_____
Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------X
Proceeding for the Appointment of a
Guardian for

AFFIDAVIT OF PARENT

an Infant.

File No. _____
----------X

STATE OF NEW YORK)
COUNTY OF) ss.:

The undersigned, _____ , being duly sworn, deposes and says:

1. I am a competent person over the age of eighteen (18) years and I am the natural/adoptive parent _____ of _____
(Mother/Father) (Infant)
and I reside at _____

2. As the natural/adoptive parent of the above-named infant, I have determined that it would be in the best interests of the child if _____ was/were appointed guardian (s) of the
(Proposed Guardian (s))
was/were appointed guardian (s) of the infant for the following reasons:

_____

_____

_____

_____

3. No guardian has ever been appointed for the infant nor has custody thereof been surrendered by me nor otherwise judicially awarded to any other person or agency except as listed below:

_____

_____

_____

4. I understand that I am relinquishing all rights to care, custody and control of my infant _____,
(Son/Daughter)
in favor of _____, the proposed guardian (s) of the person of said infant.

I further understand that such care, custody and control of the infant shall remain in _____
(Proposed Guardian (s))
as guardian of the person _____ until the infant shall attain the age of eighteen
(Infant)
(18) years, and that the proposed guardian (s) is/are capable of assuming such care, custody, and control over the infant.

_____
Signature of Parent

Sworn to before me this
_____ day of _____, _____

_____
Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)
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