**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