**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