

For Office Use Only

(Filing Fee Paid \$ _____)

(Receipt No: _____ No: _____)

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

-----X
Proceeding for the Appointment
of a Standby Guardian for

PETITION FOR
STANDBY GUARDIANSHIP
(SCPA 1726(3))

File No. _____

An Infant.

-----X
TO THE SURROGATE'S COURT, COUNTY OF _____,

It is respectfully alleged:

1. The name, relationship, domicile, and telephone number of the petitioner are as follows: [Petitioner must be a parent or legal guardian of the infant. If legal guardian submit a copy of the order of appointment.]

Name: _____ [] Mother [] Father

Domicile: _____
(Street Address) (City/Town/Village)

(County) (State) (Zip) (Telephone Number)

Mailing address: _____
(if different from domicile)

2. The name, domicile, date of birth and marital status of the infant are as follows: [Birth Certificate must be filed with this petition]

Name: _____ (Date of Birth)

Domicile: _____
(Street Address) (City/Town/Village)

(County) (State) (Zip)

Mailing address: _____
(if different from domicile)

3. The names and addresses of the adult persons with whom the infant resides are: [If same as above so state]

Name: _____

Domicile: _____
(Street Address) (City/Town/Village)

(County) (State) (Zip)

Mailing address: _____
(if different from domicile)

4. The name and domicile of the proposed standby guardian are as follows:

Name: _____
(Relationship, if any, to infant)

Domicile: _____
(Street Address) (City/Town/Village)

(County) (State) (Zip)

Mailing address: _____
(if different from domicile)

5. The name and domicile, of the other parent of the infant and, if the infant is married, the infant's spouse, or if the other parent is deceased and there is no spouse, the grandparents residing within the county, are as follows:

Father/Mother: _____

Domicile: _____

Spouse: _____
(Date of Birth)

Domicile: _____

Maternal Grandparents: _____

Domicile: _____

Paternal Grandparents: _____

Domicile: _____

The foregoing persons are adult and competent, except: [If any of the above is an infant attach a Schedule containing the name of the infant, with whom he or she resides, whether he or she has a court-appointed guardian, and if so, provide the name and address of the guardian. If disability is other than infancy, fill out and attach Schedule A.]

6. No other persons or agencies are interested in this proceeding other than those mentioned above, except:

7a. No guardian or standby guardian ever has been appointed for the infant except as follows: [See SCPA Section 1704(3)]

- b. Custody of the infant never has been surrendered by a person lawfully charged therewith, nor has custody of the infant been the subject of any court order, except as hereinafter listed: [So specify and attach copies of all surrenders, court orders, or divorce decrees]

8. [If you seek the appointment of a Standby Guardian of the person only, DO NOT complete this paragraph]

The estimated value of all real and personal property owned by the infant and the infant's resources are as follows:

- a. PERSONAL PROPERTY [State exact title of all bank accounts with account number and balance. List insurance policies by Company, policy number, amount insured, name of insured and relationship to infant. List the value of infant's interest.]

The personal property of the infant is not subject to the control of the infant's spouse under the laws of a jurisdiction other than New York. [If property is so subject, so state]

- b. REAL PROPERTY [State whether the real property is encumbered and the amount of the encumbrance. Indicate whether property is to be occupied as a residence by the infant. Indicate rental income in (c.)(3) below. If a sale of the property is contemplated so state.]

Location of Property _____

Gross Value \$ _____

Infant's interest _____

c. ANNUAL INCOME OF INFANT FROM ALL SOURCES:

(1) Compensation or pension to be received from: _____ \$ _____

(2) Income from Trusts _____ \$ _____

(3) Income from Real Property _____ \$ _____

(4) Other Income _____ \$ _____

9. The authority of the standby guardian is to become effective upon the petitioner's [Check appropriate box]

a. [] incapacity only

b. [] death only

c. [] incapacity or death.

10. Petitioner suffers from a:

- progressively chronic illness
- fatal illness

[State the basis for the above statement, such as the date and source of the medical diagnosis. You need not identify the illness.]

11. The infant (is)(is not) a Native American Child subject to the Indian Child Welfare Act of 1978 (25 USC Section 1901-1963).

12. Petitioner (has)(does not have) knowledge that the person nominated to be Standby Guardian has ever been named as a subject of an indicated report filed pursuant to Title 6 of Article 6 of the Social Services Law, or has been the subject of or the respondent in a child protective proceeding commenced under Article 10 of the Family Court Act, which proceeding resulted in an order finding that the child is an abused or neglected child. [If the petitioner has such knowledge, attach an affidavit explaining in detail].

13. Completed and annexed hereto is the Request for Information Guardianship Form required to be submitted to the New York Central Register of Child Abuse and Maltreatment.

14. [Check appropriate box]:

- a. Petitioner is able to attend any hearing to be scheduled by the court.
- b. The petitioner is medically unable to appear and asks that the court dispense with his/her appearance.]

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

WHEREFORE, your petitioner respectfully prays that: [Check and complete all relief requested]

(a) Letters of Standby Guardianship of the

- Person and Property
- Person only
- Property only

be granted to _____

_____ or such other person or corporation as may be entitled thereto upon petitioner's (death) (incapacity) (death or incapacity) [Delete if inapplicable] and that process issue to all interested persons who have not waived the issuance of same requiring them to show cause why such relief should not be granted.

(b) The standby guardian of the property be prohibited from collecting or receiving any money or property of the infant until he or she qualifies and complies with the provisions of SCPA 1708.

Dated: _____

(Signature of Petitioner)

(Print Name)

STATE OF NEW YORK)
) ss.:
COUNTY OF)

_____, 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 _____ 19_____

(Signature of Petitioner)

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

(Print Name)

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 Standby Guardian for

SCHEDULE A
PERSONS UNDER DISABILITY
OTHER THAN INFANTS

An Infant.

-----X

[use additional sheets if more than one]

1. Name: _____ Relationship: _____

Residence: _____

With whom does this person reside? _____

If this person is in prison, name of prison: _____

Does this person have a court-appointed fiduciary? Yes [] No []

If yes, give name, title and address: _____

If no, describe nature of disability: _____

If no, give name and address of relative or friend interested
in his or her welfare:

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

-----X
Proceeding for the Appointment
of a Standby Guardian for

PHYSICIAN'S OPINION
OF PROGRESSIVELY
CHRONIC OR FATAL ILLNESS

An Infant.

File No. _____

-----X

I, _____, am a physician duly licensed to
practice medicine in the State of New York.

1. My license number is: _____

2. My office is located at: _____

3. [Check appropriate box]:

[] I am the physician who has primary responsibility
for the treatment and care of the petitioner, or

[] I am the physician who is acting on behalf of
_____, the physician who has primary
responsibility for the treatment and care of the
petitioner, or

[] I am a physician who is familiar with the petitioner's
medical condition.

4. [Check appropriate box(es) and explain where requested]:

[] [i] I have performed tests or evaluations of the
petitioner. [Set forth the dates performed.]

[ii] I have reviewed the tests or evaluations performed on petitioner. [Set forth the dates performed, and the names of the doctors who performed the tests and/or evaluations.]

5. [Check appropriate box]:

Based upon the foregoing tests or evaluations of the petitioner, it is my opinion, with a reasonable degree of medical certainty, that the petitioner

- has a fatal illness
- has a progressively chronic illness
- may become incapacitated by reason of a chronic and substantial inability, as a result of mental impairment, to understand the nature and consequences of decisions concerning the care of the petitioner's dependent infant and a consequent inability by petitioner to care for said infant.

6. Petitioner is medically capable, medically incapable, of appearing at the hearing. [If medically incapable of appearing, explain]

7. I am not a party to this proceeding and affirm the foregoing opinion to be true under the penalties of perjury.

Dated: _____

Signature of Physician

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

-----X
Proceeding for the Appointment
of a Standby Guardian for

WAIVER OF CITATION
RENUNCIATION AND CONSENT
TO APPOINTMENT OF STANDBY GUARDIAN
(SCPA 1726(3))

An Infant.

File No. _____

-----X

I, _____ whose domicile is:

(Street Address)

(City/Town/Village)

(County)

(State)

(Zip)

am a competent person over the age of eighteen years. My 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) _____

I hereby personally appear and waive the issuance and service of a citation
in this matter and

- (1) Consent that _____
be appointed the standby guardian of the
- a. Person only
 - b. Property only
 - c. Person and Property

(2) Renounce all right to letters of Guardianship which may hereafter be
issued by the Court upon the qualification of the Standby Guardian.

Dated: _____

(Signature)

(Print Name)

STATE OF NEW YORK)
COUNTY OF) ss.:

On _____, 19____, before me personally appeared
_____ to me known and
known to me to be the same person described in and who executed the foregoing
instrument, and duly acknowledged that ____he executed the same.

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

Name of Attorney

Address

SG-3

Telephone Number

STANDBY 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 is domiciled at _____

YOU ARE HEREBY CITED TO SHOW CAUSE before the Surrogate's Court, _____ County, at _____, New York, on _____, 19____, at _____ o'clock of that day why an order should not be granted pursuant to SCPA 1726 appointing _____ as Standby Guardian(s) of _____, an infant.

(State any further relief requested)

HON.

Surrogate

Dated, Attested and Sealed,

_____, 19____

(Seal)

Chief Clerk

Name of

Attorney for 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
SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

-----X
Proceeding for the Appointment
of a Standby Guardian for

AFFIDAVIT AND CONSENT
OF PROPOSED STANDBY
GUARDIAN PURSUANT TO
SCPA 1726(3)

An Infant.

File No. _____

-----X

STATE OF NEW YORK)
) ss.:
COUNTY OF)

_____, being duly sworn, deposes and says:

1. I am a competent person over the age of eighteen years, and I submit this affidavit in support of the petition to have me appointed standby guardian of the [] person only, [] property only, or [] person and property of the above named infant. [Check one]

2. I have known the subject infant since _____
by reason of the following [State relationship, if any]:

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

4. Except for minor traffic offenses and adjudications as a youthful offender or juvenile delinquent:
- (a) Have you ever been convicted of a crime [] yes [] no
 - (b) Have you ever forfeited bail or other collateral [] yes [] no
 - (c) Do you have criminal charges pending against you [] yes [] no
 - (d) Do you have a physical impairment or mental or medical condition that would interfere with your ability to perform the duties of guardian of the infant [] yes [] no
 - (e) Have you ever used controlled substances or narcotics or been addicted to alcohol [] yes [] no

[If you have answered "yes" to any of the questions set forth in (a)-(e), set forth details in space provided].

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

6. Upon the petitioner's [] incapacity, [] death, [] or incapacity or death, or upon written consent, I agree to file all necessary documentation with the court within 90 days of the receipt of the determination of the incapacity, death certificate, or written consent.

Signature of the Proposed Standby Guardian

Sworn to before me this
day of _____, 19

Notary Public

Commission Expires:
(Affix Notary Stamp or Seal)

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

-----X

Proceedings for the Appointment
of a Standby Guardian for

CONSENT OF PETITIONER
FOR STANDBY GUARDIAN
(Pursuant to SCPA 1726(3)(e)(iii))

An Infant.

File No. _____

-----X

I _____, state that:

1. I am the petitioner in the proceeding for the appointment of a Standby Guardian of my minor child.

2. A decree was signed on _____ appointing
_____ standby guardian effective upon the
execution of this consent.

3. Notwithstanding the request in the petition that the Standby Guardian's authority be effective upon my (incapacity) (death) (incapacity or death), [Delete inapplicable provision] I hereby consent to commencement of the Standby Guardian's authority upon (his)(her) receipt of this written consent executed in accordance with the provisions of Section 1726(3)(e)(iii) of the Surrogate's Court Procedure Act.

4. I am physically unable to sign this written consent and have directed _____ to sign on my behalf in
Name of person other than Standby Guardian

my presence and in the presence of two witnesses whose signatures are set forth below. [Delete if inapplicable]

Dated: _____

Petitioner's Signature

Signature of Person other than Petitioner

I declare that the person whose name appears above (signed this consent in my presence)(was physically unable to sign and asked another to sign this document, who did so in my presence). I further declare that I am at least eighteen years old and am not the person designated as standby guardian.

Dated: _____

Witness: _____

Signature

Print Name

Address

Dated: _____

Witness: _____

Signature

Print Name

Address

I _____ appointed or designated as
(Name of Standby Guardian)
such by _____ hereby acknowledge that I have
received the foregoing consent on the following date _____.

Signature

Print Name

[Note: The Standby Guardian must file this written consent with the Court within 90 days of receipt of the written consent. Failure to file may result in the guardian's authority being rescinded by the Court.]

Name of Attorney: _____ Tel. No. _____

Address of Attorney: _____

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

-----X

Proceeding for the Appointment
of a Standby Guardian for

CONSENT OF INFANT OVER 14

File No. _____

An Infant.

-----X

I, the infant herein, being over 14 years of age, join in the foregoing
petition and consent that _____ be appointed
standby guardian of my

- person only
- property only
- person and property

(Signature)

(Print Name)

STATE OF NEW YORK)
) SS.:
COUNTY OF)

On _____ 19 ____, before
me personally came _____
to me known and known to me to be the person described in and who executed
the foregoing instrument, and duly acknowledged to me that ___he executed
the same.

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

Name of Attorney: _____ Tel. No. _____

Address of Attorney: _____

SG-7

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

-----X

Proceeding for the Appointment
of a Standby Guardian for

DECREE APPOINTING
A STANDBY GUARDIAN
(SCPA 1726(3))

An Infant.

File No. _____

-----X

A petition having been filed by _____, praying for the appointment of a Standby Guardian for the above named infant, and it appearing that the petitioner suffers from a progressively chronic or fatal illness; and that the interests of the infant will be promoted by the appointment of a Standby Guardian of the infant's person and/or property; and that _____ is in all respects competent to act as such Standby Guardian; it is hereby

ORDERED, ADJUDGED AND DECREED, that _____ be and is hereby appointed Standby Guardian of the person and/or property of the infant, whose authority shall be effective upon the receipt by the standby guardian of

- [] a determination of the petitioner's incapacity
- [] a certificate of petitioner's death
- [] a determination of the petitioner's incapacity or certificate of petitioner's death, whichever occurs first.

The authority of the Standby Guardian shall also be effective upon the petitioner's written consent pursuant to Section 1726(3)(e)(iii) of the Surrogate's Court Procedure Act; and it is further

ORDERED, ADJUDGED AND DECREED, that the Standby Guardian of the infant shall file a copy of a determination of incapacity or certificate of death or written consent by the petitioner with this court within 90 days of the date of receipt of same by the Standby Guardian or his or her authority may be rescinded by the court; and it is further

ORDERED, ADJUDGED AND DECREED, that letters of Guardianship shall be issued to the Standby Guardian upon his or her filing the Confirmation Affidavit of Standby Guardian, qualifying pursuant to SCPA Section 708, and complying with the provisions of SCPA Section 1708, if applicable.

, Surrogate

Dated: _____, 19

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF

-----X

Proceeding for the Appointment
of a Standby Guardian for

CONFIRMATION AFFIDAVIT
OF STANDBY GUARDIAN

File No. _____

An Infant.

-----X

STATE OF NEW YORK)
) ss.:
COUNTY OF)

The undersigned, Standby Guardian, being duly sworn, says:

1. I was appointed standby guardian of the above named infant by this Court by decree dated _____.

2. There has been [] no material change [] a material change in the circumstances of the infant since the filing of the petition. [If any material changes, so specify]

3. The petitioner has [] died [] been incapacitated [] made a written consent whereby I am now entitled to receive letters of Guardianship.

4. I have never been named as a subject of an indicated report filed pursuant to Title 6 of Article 6 of the Social Services Law, or have been the subject of or the respondent in a child protective proceeding commenced under Article 10 of the Family Court Act, which proceeding resulted in an order finding that the child is an abused or neglected child, except: [Explain in detail].

5. OATH OF GUARDIAN: I am over eighteen years of age and a citizen of the United States, domiciled in the State of New York; that I will well, faithfully and honestly discharge the duties as guardian. I am acquainted with the estate of the infant and have read the statement contained in the petition filed with the Court as to the estimated value of same, and believe same to be correct. I am not ineligible to receive letters.

6. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I hereby designate the Clerk of the Surrogate's Court of _____ County, and his or 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 and served within the State of New York after due diligence is used.

My domicile is: _____
(Street/Number) (City,Village/Town) (State) (Zip)

Signature of Proposed Guardian

STATE OF NEW YORK)
) ss.:
COUNTY OF)

On _____, 19 ____, before me personally appeared

_____to me known and known to me to be the person described in and who executed the foregoing instrument, and duly acknowledged to me that ____he executed the same.

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

Name of Attorney

Address

Telephone Number

