

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

-----x
In the Matter of the Guardianship of
PETITION FOR APPOINTMENT
OF GUARDIAN (SCPA
ARTICLE 17-A)

Pursuant to SCPA Article 17-A File No.
-----x

TO THE SURROGATE'S COURT:

It is respectfully alleged:

1. The name, date of birth, domicile, phone number and relationship or interest of the petitioner(s) to the [] mentally retarded [] developmentally disabled person [hereafter "respondent"] is as follows:

Name: Date of birth:

1752(2)
Domicile:
(Street/Number) (City, Village/Town) (State) (Zip Code)

Phone number:

Relationship or interest:

2. The full name, date of birth, domicile, current residential address (if different from domicile) and the marital status of respondent is:

GMD-1 (4/98)

Name:

1752(1)

Date of birth:

(Attach copy of birth certificate)

GMD-1 (4/98)

- 2 -

Domicile:
(Street/Number) (City, Village/Town) (State) (Zip
Code)

Residence (if different from domicile):
(Street/Number) (City, Village/Town) (State) (Zip
Code)

Marital status:

3. The names and post office addresses of respondent's
parents,
children, siblings 18 years of age or older, spouse, and
primary care physician if other than a physician submitting
a
certification herewith, are (if deceased, please indicate)
(if spouse or child under 18 years of age, set forth date
of birth):

NAME POST OFFICE ADDRESS

1752(3) Father:

Mother:

Children:

Siblings:

Spouse:

Primary care physician:

[If both parents are dead, set forth the nearest domiciliary distributees 18 years of age or older who are not listed above. If any of the persons listed above are under a disability, describe in a rider].

4. [If respondent does not reside with his/her parents or spouse]
1752(4) State the name and address of the person with whom or facility at which respondent resides.

5. [If respondent's parents, spouse, adult children or adult siblings are living but are not proposed to be appointed guardian, standby guardian or alternate guardian] Set forth the name, age, address, education and other qualifications of the proposed guardian, standby or alternate guardian. Explain why that person, rather than respondent's parents, spouse, adult children or adult siblings, should be appointed to the guardianship position.

6. The persons proposed to be appointed guardian, standby guardian or alternate guardian are adult and competent and their consents are annexed hereto. (If any are

under

a disability, describe in a rider.)

(a) That petitioner(s) name

,
,
domiciled at

to be appointed standby guardian of the [] person
[] property [] person and property of the

respondent

and whose consent is attached hereto.

(b) That petitioner(s) name

,
,
domiciled at

to be appointed alternate standby guardian of the
[] person [] property [] person and property of

the

respondent and whose consent is attached hereto.

(c) That petitioner(s) name
,
domiciled at
,
to be appointed second alternate standby guardian
of the [] person [] property [] person and property of
the respondent and whose consent is attached hereto.

7. Admission to a facility [check one]

[] The respondent is not admitted to a facility as defined
in subdivision (a) of section 47.01 of the Mental
Hygiene
Law, and has never been admitted to any facility
pursuant
to Article 15 of the Mental Hygiene Law.

[] The respondent has been admitted to a facility as
defined in
subdivision (a) of section 47.01 of the Mental Hygiene
Law,
and has been admitted to a facility pursuant to Article
15 of
the Mental Hygiene Law. Petitioner will issue notice
of the
petition to the following:

facility, _____, Director of the
Mental _____, Director of the
Hygiene Legal Service for the
Department,
located at:

8.[] Petitioner is requesting appointment as guardian of the
respondent's person.

[] Petitioner is not requesting appointment as guardian of the respondent's person.

9.[] Petitioner is requesting appointment as guardian of the respondent's property.

[] Petitioner is not requesting appointment as guardian of the respondent's property.

10. The estimated value of all real and personal property and the annual income therefrom and any other income to which respondent is or will be entitled, as well as the source thereof, are as follows:

(a) PERSONAL PROPERTY: (Cash, bank accounts, stocks, bonds, interest in insurance policies, etc.) 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 value of respondent's interest. Set forth name, number and value of stocks and bonds.

encumbered
not to
respondent,
indicate

(b) REAL PROPERTY: State whether real property is
and the amount of the encumbrance. If property is
be rented but to be occupied as a home by the
so state. If not to be occupied as a residence,
rental income or whether a sale of the property is
contemplated.

Location of property:

Rental income, if applicable:

Gross value:

Interest of Respondent:

each

(c) INCOME (per year): state amount and source for
category.

(1) Wages

(2) Pension

(3) Income from trusts

(4) Governmental entitlements

(5) Other

If real or personal property is derived from an estate,
state name of decedent, court having jurisdiction, file
number and name(s) of fiduciaries:

11. Respondent has been duly certified as a person
incapable to
1750 manage himself/herself and/or his or her affairs by
reason of
1750-a (mental retardation) (developmental disability), and
such con
dition is permanent in nature or likely to continue
inde
finitely, as shown by the certifications of:

Dr. _____ dated: _____
and
Dr. _____ dated: _____ each
[Where certificates of two licensed physicians are
used, at
least one certification must evidence special
qualifications
to make the certification as set forth in SCPA §1750 or
§1750-a]. Said certifications are attached hereto and
made
part of the petition.

12. [If application for a limited guardian of the property]
1756 Respondent is over the age of 18 years and is employed
by
_____, located at
_____, New York
(Street/Number) (City, Village/Town) (Zip
Code)

and is wholly or substantially self supporting by means
of his/her wages or earnings from employment.

13. Check appropriate box:
1754
[](a) Respondent is able to attend the hearing to be
scheduled by the Court.
[](b) Respondent's presence at the hearing should be
dispensed with because respondent is medically

GMD-1 (4/98)

incapable of being present to the extent that
attendant is likely to result in physical harm to
respondent (Certification of certifying physician
must so attest.)

[](c) Respondent's presence at the hearing should be
dispensed with because (specify other
circumstances
enabling the court to determine that
respondent's
presence at the hearing would not be in his/her
best
interest).

14. Respondent never has had a guardian appointed by will
or
1704(3) deed or an acting guardian in socage, or a guardian of
the
1761 person appointed pursuant to section 384-b of the
Social Law.

15. Petitioner(s) ((has) (have)) ((does (do) not have))
knowledge
1704(6) that (he) (she) (they), respondent, or the guardian,
standby
1761 guardian or alternate standby guardian, have ever been
the
subject of or another person named in an indicated
report
pursuant to Title 6 of Article 6 of the Social Services
Law,

protec- or has been the subject of or a respondent in a child
Family Court tive proceeding commenced under Article 10 of the
the Act, which proceeding resulted in an order finding that
has child is an abused or neglected child. (If petitioner
detail.) such knowledge, attach an affidavit explaining in

16. Petitioner has completed and annexed hereto the Request
For Information Guardianship Form required to be submitted
to the New York Central Register of Child Abuse and
Maltreatment.

17. There are no other persons interested in this
proceeding or to whom process is required to be served.

18. No prior application has been made to any court for the
relief requested.

WHEREFORE, petitioner(s) respectfully request(s) that

(Check relief requested)

[] Letters of Guardianship of the [] person and
[] property be granted to
granted to and that Standby Letters of Guardianship be

Alternate and that

Standby Letters of Guardianship be granted to
person or to such other

that or corporation as may be entitled thereto, and

process issue to all interested persons who have

GMD-1 (4/98)

not

waived the issuance of same requiring them to show cause why such relief should not be granted.

[] Letters of Limited Guardianship of the Property of
be granted to

or to such other person or corporation as may be entitled thereto, 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.

should

[] The appearance of the respondent []be []not be dispensed with at any hearings required by the court herein.

court

all
than
Court
further
one

[] The guardian be directed to collect and receive monies and other property of the respondent (other wages or earnings) jointly with the Clerk of this subject to the provisions of SCPA 1708 and the further orders of this Court, and deposit same at or more of the following named banks:

1. Name: Branch Address:

2. Name: Branch Address:

[] The bond of the guardian be dispensed with.

[] [Other]

Dated:

Signature of Petitioner

Signature of Petitioner

STATE OF NEW YORK

ss.:

COUNTY OF

being duly sworn depose(s) and say(s) (I/We) are the petitioner(s) above named. (I/We) have read the foregoing petition and the same is true of (my/our) own knowledge except as to the matters therein stated

GMD-1 (4/98)

to be alleged on information and belief and as to those matters
(I/We)
believe it to be true.

Signature of Petitioner

Signature of Petitioner

Sworn to before me this
day of _____, 19

Notary Public

COMBINED OATH AND DESIGNATION

STATE OF NEW YORK
COUNTY OF

_____, being duly sworn, deposes and

says:

1. OATH OF GUARDIAN(s): That we are/I am over eighteen (18)
years of
age and domiciled in the State of _____ : that
we/I will well, faithfully and honestly discharge the duties of
such
guardian(s) of said (mentally retarded) (developmentally
disabled)
person and the trust reposed in us/me and duly account for all
monies
or other property which may come into our/my hands; that we are/I
am
acquainted with the estate of said (mentally retarded)
(developmentally
disabled) person and have read the statement contained in the
foregoing
petition as to the estimated value of same, and believe same to
be

GMD-1 (4/98)

correct, and that we are/I am not ineligible to receive letters.

2. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: That we/I do hereby designate the Clerk of the Surrogate's Court of County, and his or her successor in office, as a person on whom service may be made, in like manner and with like effect as if it were served personally upon us/me whenever we/I cannot be found and served within the State of New York after due diligence is used. We are/I am domiciled at:

(State complete address)

Signature of Proposed Guardian

Signature of Proposed Guardian

On this _____ day of _____, 19____
before me _____
personally came _____ and
to me known to be the person(s) described in and who executed the
fore-
going instrument, and such person(s) duly swore thereto before me
and
duly acknowledged that he had executed the same.

Notary Public

SIGNATURE OF ATTORNEY:

PRINT NAME:

GMD-1 (4/98)

FIRM NAME:

ADDRESS OF ATTORNEY:

TELEPHONE NUMBER:

GMD-1 (4/98)

- 18 -