

In the Matter of the Application of

ORDER TO SHOW CAUSE

(NAME OF PETITIONER), Petitioner,  
Pursuant to Article 81 of the Mental  
Hygiene Law for the Appointment of a  
Guardian of the Person and Property of

Index No.:  
RJI No.:

Judge Assigned:

(NAME OF ALLEGED INCAPACITATED PERSON),

an Alleged Incapacitated Person

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IMPORTANT

AN APPLICATION HAS BEEN FILED IN COURT BY (NAME OF PETITIONER)  
WHO BELIEVES YOU MAY BE UNABLE TO TAKE CARE OF YOUR PERSONAL  
NEEDS OR FINANCIAL AFFAIRS. (NAME OF PETITIONER) IS ASKING THAT  
SOMEONE BE APPOINTED TO MAKE DECISIONS FOR YOU. WITH THIS PAPER  
IS A COPY OF THE APPLICATION TO THE COURT SHOWING WHY (NAME OF  
PETITIONER) BELIEVES YOU MAY BE UNABLE TO TAKE CARE OF YOUR  
PERSONAL NEEDS OR FINANCIAL AFFAIRS. BEFORE THE COURT MAKES  
THE APPOINTMENT OF SOMEONE TO MAKE DECISIONS FOR YOU, THE COURT  
HOLDS A HEARING AT WHICH YOU ARE ENTITLED TO BE PRESENT AND TO  
TELL THE JUDGE IF YOU DO NOT WANT ANYONE APPOINTED. THIS PAPER

TELLS YOU WHEN THE COURT HEARING WILL TAKE PLACE. IF YOU DO NOT APPEAR IN COURT, YOUR RIGHTS MAY BE SERIOUSLY AFFECTED.

YOU HAVE THE RIGHT TO DEMAND A TRIAL BY JURY. YOU MUST TELL THE COURT IF YOU WISH TO HAVE A TRIAL BY JURY. IF YOU DO NOT TELL THE COURT, THE HEARING WILL BE CONDUCTED WITHOUT A JURY.

THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE CLERK OF THE COURT ARE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ( ) \_\_\_\_\_

THE COURT HAS APPOINTED A COURT EVALUATOR TO EXPLAIN THIS PROCEEDING TO YOU AND TO INVESTIGATE THE CLAIMS MADE IN THE APPLICATION. THE COURT MAY GIVE THE COURT EVALUATOR PERMISSION TO INSPECT YOUR MEDICAL, PSYCHOLOGICAL, OR PSYCHIATRIC RECORDS. YOU HAVE THE RIGHT TO TELL THE JUDGE IF YOU DO NOT WANT THE COURT EVALUATOR TO BE GIVEN THAT PERMISSION.

THE COURT EVALUATOR'S NAME, ADDRESS AND TELEPHONE NUMBER ARE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ( ) \_\_\_\_\_

**YOU ARE ALSO ENTITLED TO HAVE A LAWYER OF YOUR CHOICE REPRESENT YOU. IF YOU WANT THE COURT TO APPOINT A LAWYER TO HELP YOU AND REPRESENT YOU, THE COURT WILL APPOINT A LAWYER FOR YOU. YOU WILL BE REQUIRED TO PAY THAT LAWYER UNLESS YOU DO NOT HAVE THE MONEY TO DO SO. YOU HAVE THE RIGHT TO PRESENT EVIDENCE, CALL WITNESSES AND EXPERT WITNESSES AND CROSS-EXAMINE WITNESSES, INCLUDING WITNESSES CALLED BY THE COURT.**

On reading and filing the annexed Petition of (NAME OF PETITIONER), duly verified on \_\_\_\_\_, from which it appears that a Alleged Incapacitated Person above named, is unable to manage (his/her) property by reason of (his/her) incapacity,

LET (NAME OF ALLEGED INCAPACITATED PERSON) the Alleged Incapacitated person, SHOW CAUSE before a Justice of this Court, to be held in the County of \_\_\_\_\_, at \_\_\_\_\_, New York on the \_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_ of that day or as soon thereafter as counsel can be heard,

WHY a Guardian (and Standby Guardian - *if applicable*) should not be appointed for the Personal Needs and Property Management of (NAME OF ALLEGED INCAPACITATED PERSON) an Alleged Incapacitated Person, upon the Guardian qualifying in accordance with the statutes of the State of New York in such cases made and provided; and

WHY a Personal Needs and/or Property Management Guardian should not be authorized to exercise the following powers on behalf of the Alleged Incapacitated Person if the relief sought in the petition is granted:

***(LIST POWERS REQUESTED IN PETITION)***

WHY the presence of (NAME OF ALLEGED INCAPACITATED PERSON) at the hearing or trial of the issues herein (should/should not) be required; and

WHY Petitioner should not have such other and further relief as this Court may deem proper.

SUFFICIENT reason appearing therefor, it is

ORDERED, that (NAME OF COURT EVALUATOR) of \_\_\_\_\_, New York, is hereby appointed Court Evaluator herein to meet with (NAME OF ALLEGED INCAPACITATED PERSON) to investigate the claims made in the Petition; to determine whether Counsel should be appointed by the Court; and report to the Court the functional abilities and limitations of the Alleged Incapacitated Person in this proceeding, and it is further

ORDERED that (NAME OF COUNSEL) of \_\_\_\_, New York, is hereby appointed Counsel to represent (NAME OF ALLEGED INCAPACITATED PERSON) in this proceeding; and it is further

ORDERED, that personal service of a copy of this Order and of the papers upon which it is granted upon (NAME OF ALLEGED INCAPACITATED PERSON) on or before the \_\_\_\_ day of \_\_\_\_, be deemed good and sufficient service, and it is further

ORDERED, that this Order to Show Cause and a copy of the Petition shall be served upon (NAME OF COURT EVALUATOR), the Court Evaluator, and (NAME OF COUNSEL), the attorney for the alleged incapacitated person, by facsimile, provided that a facsimile telephone number is designated by the attorney for that purpose, or by delivering the papers personally or by overnight delivery service to the office of the court evaluator and the attorney for the alleged incapacitated person, within three (3) business days following the appointment of the court evaluator and the appointment of the attorney or the appearance of an attorney retained by the alleged incapacitated person; and it is further

ORDERED, that notice of the proceeding together with a copy of the Order to Show Cause shall be mailed to the following persons:

*/LIST PERSONS DESIGNATED TO RECEIVE NOTICE UNDER MHL 81.07(g)/*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

on or before the \_\_\_ day of \_\_\_\_\_, \_\_\_.

Dated:

\_\_\_\_\_  
Acting Supreme Court Justice

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