

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)]

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

7b. 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.]

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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 schedule 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: to \_\_\_\_\_

\_\_\_\_\_  
 (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.

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Petitioner)

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

\_\_\_\_\_  
(Print Name)

Sworn to before me this \_\_\_\_\_  
\_\_\_\_\_ day of 20\_\_\_\_

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

\_\_\_\_\_  
An Infant.  
-----X

SCHEDULE A  
PERSONS UNDER DISABILITY  
OTHER THAN INFANTS

[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:

\_\_\_\_\_

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

\_\_\_\_\_  
An Infant.  
-----x

PHYSICIAN'S OPINION  
OF PROGRESSIVELY  
CHRONIC OR FATAL ILLNESS

File No. \_\_\_\_\_

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.

-----X

File No. \_\_\_\_\_

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 \_\_\_\_\_, 20\_\_\_\_\_, 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  
\_\_\_\_\_  
Telephone Number

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 \_\_\_\_\_, 20 \_\_, 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,  
\_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Chief Clerk

(Seal)

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.

----- X

File No. \_\_\_\_\_

STATE OF NEW YORK )

COUNTY OF \_\_\_\_\_ )

----- )

ss.:

\_\_\_\_\_, 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, or written consent.

\_\_\_\_\_  
Signature of the Proposed Standby Guardian

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_

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

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

----- X

Proceeding for the Appointment  
of a Standby Guardian for

\_\_\_\_\_

An Infant.

----- X

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

File No. \_\_\_\_\_

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 (e) ( iii ) of the Surrogate's Court Procedure Act.
4. I am physically unable to sign this written consent and have directed \_\_\_\_\_ (Name of person other than Standby Guardian) to sign on my behalf in 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 such  
(Name of Standby Guardian)  
by \_\_\_\_\_ hereby acknowledge that I have received  
the foregoing consent of 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 \_\_\_\_\_ 20\_\_\_\_, before me personally came \_\_\_\_\_  
\_\_\_\_\_ to me known and know 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.  
----- X

File No. \_\_\_\_\_

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: \_\_\_\_\_, 20\_\_\_\_

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

\_\_\_\_\_

An Infant.

File No. \_\_\_\_\_

----- 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 designated 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 effects 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 \_\_\_\_\_, 20 \_\_\_\_, 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