

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

-----X

In the Matter of the Application of \_\_\_\_\_ for  
Appointment/Confirmation as Standby Guardian of \_\_\_\_\_

a Mentally Retarded (or Developmentally Disabled)  
Person, Pursuant to SCPA Article 17-A

-----X

Filing Fee Paid \$ \_\_\_\_\_

\_\_\_\_\_ Certs \$ \_\_\_\_\_

\_\_\_\_\_ Certs \$ \_\_\_\_\_

\$ \_\_\_\_\_ Bond, Fee \$ \_\_\_\_\_

Receipt No: \_\_\_\_\_ No: \_\_\_\_\_

**PETITION FOR APPOINTMENT/CONFIRMATION  
OF STANDBY GUARDIAN [SCPA 1757] OF  
PERSON  
PROPERTY  
PERSON AND PROPERTY  
LIMITED GUARDIAN OF THE PROPERTY**

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

TO THE SURROGATE'S COURT OF THE COUNTY OF \_\_\_\_\_

It is respectfully alleged that:

1. The name, date of birth, permanent address and telephone number of the petitioning guardian standby guardian alternate standby guardian second alternate standby guardian third alternate standby guardian(s) to the mentally retarded developmentally disabled person (hereafter known as respondent) is:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Permanent Address or Corporate Office: \_\_\_\_\_  
(Street and Number)

(City, Village, Town) (State) (Zip Code)

Mailing Address: \_\_\_\_\_  
(If different from permanent address)

Date of Birth: \_\_\_\_\_ Interest/Relationship to Respondent: \_\_\_\_\_

2(a). The name, permanent address, date of birth and marital status of the respondent of this proceeding is as follows:

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Street and Number)

(City, Village, Town) (State) (Zip Code)

Mailing Address: \_\_\_\_\_  
(If different from permanent address)

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**[Attach certified copy of birth certificate if not already filed with the court.]**

2(b). The respondent is not admitted to a group home or facility as defined in Section 1.03 and/or Article 15 of the Mental Hygiene Law.

The respondent has been admitted to a group home or facility as defined in Section 1.03 and/or Article 15 of the Mental Hygiene Law.

Name of group home or facility: \_\_\_\_\_

Address of group home or facility: \_\_\_\_\_

Name of Director of group home or facility: \_\_\_\_\_

Address of Director of group home or facility: \_\_\_\_\_

Name of the Director of the Mental Hygiene Legal Service: \_\_\_\_\_

Address of the Director of the Mental Hygiene Legal Service: \_\_\_\_\_

3. The petitioner was appointed guardian standby guardian alternate standby guardian second alternate standby guardian third alternate standby guardian in the above-titled matter by decree on \_\_\_\_\_, \_\_\_\_\_ and letters issued appointing \_\_\_\_\_ as guardian of the above-named respondent. Within said decree the petitioner was appointed as standby guardian alternate standby guardian second alternate standby guardian third alternate standby guardian(s) subject to confirmation.

4. The guardian(s) is/are no longer able to act due to the following:

- death [attach a certified copy of the death certificate(s)]
- incapacity [attach proof of incapacity]
- adjudication of incompetency [attach proof]
- renunciation [attach proof of renunciation]

**[Please note: Paragraph 5 to be completed only if new or different standby guardian(s) is/are to be designated in this proceeding.]**

5. The names, permanent addresses, dates of birth and relationship of the guardian(s) is/are:

(a) Name of the Standby Guardian: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City, Village, Town) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ Interest/Relationship to Respondent: \_\_\_\_\_

Education: \_\_\_\_\_ Qualifications: \_\_\_\_\_

to be appointed Standby Guardian of the person  
property  
person and property  
limited guardian of the property

(b) Name of the Alternate Standby Guardian: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City, Village, Town) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ Interest/Relationship to Respondent: \_\_\_\_\_

Education: \_\_\_\_\_ Qualifications: \_\_\_\_\_

to be appointed Alternate Standby Guardian of the person  
property  
person and property  
limited guardian of the property

(c) Name of the Second Alternate Standby Guardian: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City, Village, Town) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ Interest/Relationship to Respondent: \_\_\_\_\_

Education: \_\_\_\_\_ Qualifications: \_\_\_\_\_

to be appointed Second Alternate Standby Guardian of the person  
property  
person and property  
limited guardian of the property

(d) Name of the Third Alternate Standby Guardian: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

(Street and Number)

(City, Village, Town)

(State)

(Zip Code)

Date of Birth: \_\_\_\_\_ Interest/Relationship to Respondent: \_\_\_\_\_

Education: \_\_\_\_\_ Qualifications: \_\_\_\_\_

to be appointed Third Alternate Standby Guardian of the person  
property  
person and property  
limited guardian of the property

**[Please note: Paragraph 6 and 7 to be completed if seeking confirmation of standby guardian or alternate standby guardian.]**

6. Petitioner has assumed the duties of the standby guardian in accordance with the decree dated \_\_\_\_\_, \_\_\_\_\_ and pursuant to the provisions of SCPA 1757 and has been so acting as such standby guardian since \_\_\_\_\_, \_\_\_\_\_ and that sixty (60) days have not elapsed since the assumption of such duties.

7. Petitioner is requesting confirmation as standby guardian of the respondent's person property  
person and property limited guardian of the property.

8. Petitioner has does not have knowledge that the person nominated herein to be a guardian or any individual eighteen years of age or over who resides in the home of the proposed guardian:

a. Is the subject of a report filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant to the rules of Child Protective Services, following an investigation which determines that some credible evidence of alleged abuse or maltreatment exists, and/or

b. Has been the subject of or the respondent in a Child Protective Proceeding commenced pursuant to law, which proceeding resulted in an order finding that the child is an abused or neglected child.

**[If petitioner has such knowledge, attach an affidavit explaining in detail.]**

9. Petitioner has completed and submitted to the court the Request For Information Guardianship Form (OCFS 3909) required to be submitted to the New York State Central Register of Child Abuse and Maltreatment.

10. **[Answer if required by court.]**  
The names and addresses of persons interested (i.e.: parents, spouse, adult children and/or adult siblings) in this proceeding upon whom service of process is required or concerning whom the court is required to have information are:

**[Set forth names, addresses and relationship to the mentally retarded or developmentally disabled person and whether any person is under a disability along with details required by SCPA 304(3).]**

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

11. There are no other persons than those mentioned interested in this application or proceeding.



(j) The bond of the guardian be dispensed with.

(k) Additional relief requested \_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

1. \_\_\_\_\_  
(Signature of Petitioner)

2. \_\_\_\_\_  
(Name of Corporate Petitioner)

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

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Print Name and Title of Officer)

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

\_\_\_\_\_, being duly sworn deposes and says that I am the petitioner(s) above named. I/we 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/we believe them to be true.

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

\_\_\_\_\_  
(Name of Corporate Petitioner)

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

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Print Name and Title of Officer)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

Signature of Attorney: \_\_\_\_\_

Print Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_





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

-----X

In the Matter of the Application of \_\_\_\_\_ for  
Appointment/Confirmation as Standby Guardian of

\_\_\_\_\_

a Mentally Retarded (or Developmentally Disabled)  
Person, Pursuant to SCPA Article 17-A

-----X

**WAIVER OF PROCESS  
RENUNCIATION AND CONSENT TO  
APPOINTMENT OF A STANDBY GUARDIAN**

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

The undersigned \_\_\_\_\_, whose permanent address is

\_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City, Village, Town)

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

\_\_\_\_\_  
(Zip Code)

and who is a competent person over the age of eighteen (18) years and whose interest in the above-named proceeding is as follows:

**[Check appropriate interest.]**

Parent of the above-named \_\_\_\_\_ mentally retarded \_\_\_\_\_ developmentally disabled person.

Spouse of the above-named \_\_\_\_\_ mentally retarded \_\_\_\_\_ developmentally disabled person.

An adult child of the above-named \_\_\_\_\_ mentally retarded \_\_\_\_\_ developmentally disabled person.

An adult brother/sister of the above-named \_\_\_\_\_ mentally retarded \_\_\_\_\_ developmentally disabled person.

Other **[Specify]** \_\_\_\_\_

hereby personally appears in this proceeding and

1. renounces my right to act as a guardian under decree dated \_\_\_\_\_, and

2. waives the issuance and service of process in this matter, and

3. consents that \_\_\_\_\_ be appointed the \_\_\_\_\_  
Guardian of the

- person
- property
- person and property
- limited guardianship of the property

and that \_\_\_\_\_ be appointed the Alternate Standby  
Guardian of the

- person
- property
- person and property
- limited guardianship of the property



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

-----X  
In the Matter of the Application of \_\_\_\_\_ for  
Appointment/Confirmation as Standby Guardian of \_\_\_\_\_

**NOTICE OF PETITION  
SCPA §1753 (2)**

\_\_\_\_\_ a Mentally Retarded (or Developmentally Disabled)  
Person, Pursuant to SCPA Article 17-A

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

-----X

Notice is hereby given that:

1. On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_,  
(Name of Petitioner)  
whose address is \_\_\_\_\_,

filed a petition with the Surrogate's Court, County of \_\_\_\_\_. Letters of guardianship will issue on or after  
\_\_\_\_\_, \_\_\_\_\_, for the appointment/confirmation of

\_\_\_\_\_, \_\_\_\_\_ guardian  
(Name)

\_\_\_\_\_, alternate standby guardian  
(Name)

\_\_\_\_\_, second alternate standby guardian  
(Name)

\_\_\_\_\_, third alternate standby guardian  
(Name)

of the \_\_\_\_\_ person  
\_\_\_\_\_ property  
\_\_\_\_\_ person and property  
\_\_\_\_\_ limited guardianship of the property.

2. The name and post office address of each person entitled to notice of the petition who has not been served or has not  
appeared, or waived service of process, with a statement with regard to such person's relationship, if any, to the mentally  
retarded or developmentally disabled person, is as follows:

NAME	MAILING ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(USE ADDITIONAL SHEETS IF NECESSARY)

Date: \_\_\_\_\_, \_\_\_\_\_

Attorney for Petitioner(s) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

AFFIDAVIT OF MAILING NOTICE OF PETITION

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

\_\_\_\_\_, residing at \_\_\_\_\_  
being duly sworn, deposes and says that he/she is over the age of 18 years, that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, he/she mailed, by certified mail, a copy of the foregoing Notice of Petition contained in a securely closed, postpaid wrapper directed to each of the persons named in said notice at the places set opposite their respective names.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

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

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

Attorney for Petitioner(s): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

17-A GUARDIANSHIP CITATION [SCPA 1757]

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/are domiciled at \_\_\_\_\_

YOU ARE HEREBY CITED TO SHOW CAUSE before the Surrogate's Court, \_\_\_\_\_ County, at \_\_\_\_\_, New York, on \_\_\_\_\_, at \_\_\_\_\_ o'clock in the \_\_\_\_\_ noon of that day, why letters of \_\_\_\_\_ guardianship of the

- person
property
person and property
limited guardianship of the property

of \_\_\_\_\_ should not be granted to \_\_\_\_\_;

why the appointment of \_\_\_\_\_ as Alternate Standby Guardian of the

- person
property
person and property
limited guardianship of the property

of \_\_\_\_\_ should not be granted;

why the appointment of \_\_\_\_\_ as Second Alternate Standby Guardian of the

- person
property
person and property
limited guardianship of the property

of \_\_\_\_\_ should not be granted;

why the appointment of \_\_\_\_\_ as Third Alternate Standby Guardian of the

- person
property
person and property
limited guardianship of the property

of \_\_\_\_\_ should not be granted;

and why a hearing should be held should not be held;
and why the appearance of respondent should be should not be required at the hearing;
and why the guardian of the person should not be authorized and empowered to make all decisions with respect to the medical and dental needs of the respondent and to render consent to any medical procedures which are necessary to the health and welfare of the respondent, unless the court directs otherwise.

[State further relief requested]

\_\_\_\_\_

Dated, Attested and Sealed,
\_\_\_\_\_,
(Seal)

HON. \_\_\_\_\_
Surrogate

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

Attorney for Petitioner(s): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

[Note: This citation is served upon you as required by law. You are not required to appear. However, if you fail to appear it will be assumed by the court that you do not object to the relief requested. You have a right to have an attorney appear for you.]

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

-----X

In the Matter of the Application of \_\_\_\_\_ for  
Appointment/Confirmation as Standby Guardian of

\_\_\_\_\_

a Mentally Retarded (or Developmentally Disabled)  
Person, Pursuant to SCPA Article 17-A

-----X

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

**AFFIDAVIT OF PROPOSED  
GUARDIAN OF THE  
PERSON  
PROPERTY  
PERSON AND PROPERTY  
LIMITED GUARDIAN OF THE PROPERTY**

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

To the Surrogate's Court, County of \_\_\_\_\_

The undersigned \_\_\_\_\_, being duly sworn, deposes and says:

1. I am a competent person over the age of eighteen (18) years, and I submit this affidavit in support of my petition to be confirmed in my appointment as guardian of \_\_\_\_\_ a  
mentally retarded (Name)  
developmentally disabled person (hereafter known as respondent).

2. I have known the respondent since \_\_\_\_\_ by reason of the following:  
**[State relationship if any.]**

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

3. I reside at \_\_\_\_\_, and the other resident members of the household are: **[Include all persons residing there and their dates of birth.]**

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

4. My educational background is as follows:

\_\_\_\_\_

5. Not including minor traffic offenses and adjudications as a youthful offender or juvenile delinquent,

(a) I have never been convicted of an offense against the law, except \_\_\_\_\_

\_\_\_\_\_

(b) I have never forfeited bail or other collateral, except \_\_\_\_\_

\_\_\_\_\_

(c) I do not have any criminal charges pending against me, except \_\_\_\_\_

6. I have no physical or mental impairment, or medical condition, which would interfere with my ability to perform the duties of guardian of the respondent, except

7. I am not addicted to narcotics or to alcohol.

8. I am willing and able to undertake and perform the duties and responsibilities of guardian of the respondent until the court determines otherwise.

9. I believe that my appointment as guardian would be in the best interests of the respondent for the following reasons:

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\_\_\_\_\_  
(Signature of Proposed Guardian)

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

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Commission Expires:

(Affix Notary Stamp or Seal)

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

-----X  
In the Matter of the Application of \_\_\_\_\_ for  
Appointment/Confirmation as Standby Guardian of \_\_\_\_\_

**CONSENT, OATH AND  
DESIGNATION**

a Mentally Retarded (or Developmentally Disabled)  
Person, Pursuant to SCPA Article 17-A

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

-----X  
STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_) ss.:

\_\_\_\_\_, being duly sworn, deposes and says: I am an adult competent person and I do hereby consent to the relief requested in the petition and my appointment as standby guardian alternate standby guardian second alternate standby guardian third alternate standby guardian of the person property person and property limited guardianship of the property

of the above-named respondent and I waive the issuance and service of process upon me herein. I will make an application for confirmation in accordance with SCPA §1757 and will be subject to a formal hearing if the respondent is eighteen years of age or over. I agree that upon the death, incapacity, renunciation or adjudication of incompetency of the last guardian who has been designated to serve prior to me, I will immediately assume the duties of guardian of the person property person and property limited guardianship of the property

and will seek to have this Court confirm my appointment within (60) days of my assumption of duties.

1. OATH OF STANDBY GUARDIAN ALTERNATE STANDBY GUARDIAN SECOND ALTERNATE STANDBY GUARDIAN THIRD ALTERNATE STANDBY GUARDIAN: I am over eighteen (18) years of age and a citizen of the United States; that I will well, faithfully and honestly discharge the duties of standby guardian alternate standby guardian second alternate standby guardian third alternate standby guardian of the person property person and property limited guardianship of the property

of the above named respondent, that I am acquainted with the estate of the respondent; and that I am not ineligible to receive letters.

2. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I do hereby designate the Clerk of the Surrogate's Court of \_\_\_\_\_ County, and his/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 used.

My permanent address is : \_\_\_\_\_  
(Street Address) (City/Town/Village) (State) (Zip)

\_\_\_\_\_  
(Signature of Proposed Guardian)

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

On \_\_\_\_\_, \_\_\_\_\_, before me personally came

\_\_\_\_\_ to me known to be the person described in and who executed the foregoing instrument. Such person duly swore to such instrument before me and duly acknowledged that he/she executed the same.

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