

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

Proceeding for the Appointment of a  
Guardian for

Filing Fee Paid \$ \_\_\_\_\_  
\_\_\_\_\_ Certs \$ \_\_\_\_\_  
\_\_\_\_\_ Certs \$ \_\_\_\_\_  
\$ \_\_\_\_\_ Bond, \$ \_\_\_\_\_  
Receipt No: \_\_\_\_\_ No: \_\_\_\_\_

**PETITION FOR  
APPOINTMENT OF GUARDIAN OF**  
**[ ] PERSON AND PROPERTY**  
**[ ] PROPERTY ONLY**

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

\_\_\_\_\_  
\_\_\_\_\_ an Infant.  
-----X

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

It is respectfully alleged:

1. The name, permanent address, date of birth and telephone number of the petitioner, and the petitioner's relationship to the infant are as follows:

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

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

(City, Village, Town) (State) (Zip Code)  
Mailing address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (If different from permanent address)  
Relationship to Infant: \_\_\_\_\_

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

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

(City, Village, Town) (State) (Zip Code)  
Mailing address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (If different from permanent address)  
Relationship to Infant: \_\_\_\_\_

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

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

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

(City, Village, Town) (State) (Zip Code)  
Mailing address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (If different from permanent address)  
Marital Status: \_\_\_\_\_

**[Attach certified copy of birth certificate]**

3. The names and permanent addresses of the parents of the infant and, if the infant is married, the infant's spouse are:  
**[If deceased give date of death and complete Number 5 and Number 6]**

Name of Father: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

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

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

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

G-2-B (9/00)

Name of Mother: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

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

(Street and Number)

(City, Village, Town)

(State)

(Zip Code)

Mailing Address: \_\_\_\_\_

(If different from permanent address)

Name of Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

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

(Street and Number)

(City, Village, Town)

(State)

(Zip Code)

Mailing Address: \_\_\_\_\_

(If different from permanent address)

4. The names and addresses of the adult persons with whom the infant resides if other than parents are:

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

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

(Street and Number)

(City, Village, Town)

(State)

(Zip Code)

Mailing Address: \_\_\_\_\_

(If different from permanent address)

Relationship to infant: \_\_\_\_\_

5. If father and mother are deceased, list the names and addresses of the nearest distributees of full age who live within the state. **[If not applicable, so state]**

Name

Permanent Address

Relationship

\_\_\_\_\_

\_\_\_\_\_

6. The names and permanent addresses of the infant's grandparents: **[If not applicable, so state and if deceased, add date of death]**

Name

Permanent Address

Maternal Grandmother

\_\_\_\_\_

Maternal Grandfather

\_\_\_\_\_

Paternal Grandmother

\_\_\_\_\_

Paternal Grandfather

\_\_\_\_\_

7. **[Please check (a) and (b) for guardian of the infant's person and property or check (b) for guardianship of the infant's property only]**

(a)  Petitioner is requesting appointment as guardian of the infant's person and alleges the petitioner is capable of providing care, custody and control of the infant during minority and is motivated solely by the best interests of the child in requesting this appointment.

(b)  Petitioner is requesting appointment as guardian of the infant's property, and alleges that the estimated value of all REAL and PERSONAL property to which the infant is entitled is:

\$ \_\_\_\_\_

**[Answer question 8 only if requesting guardianship of the property]**

8. (a) PERSONAL PROPERTY [State exact title of all bank accounts with account number and balance, and/or list insurance policies by company, policy number, amount insured, and name of insured and relationship to infant and/or list the name, number of shares and value of all stocks, bonds, and any other personal property. List value of infant's interest].

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

(b) REAL PROPERTY [State whether real property is mortgaged or under a lien and the amount thereof. Indicate whether property is to be occupied as a residence by the infant. If not, indicate rental income or whether a sale of the property is contemplated.]

Location of Property \_\_\_\_\_ Gross Value \_\_\_\_\_  
Infant's Interest \_\_\_\_\_ Annual Income \_\_\_\_\_  
Amount Mortgaged or Under a Lien \_\_\_\_\_

(c) ANNUAL INCOME OF INFANT FROM ALL SOURCES:

(1) Compensation or pension to be received from: \_\_\_\_\_ \$ \_\_\_\_\_  
(2) Income from Trust \_\_\_\_\_ \$ \_\_\_\_\_  
(3) Other Income \_\_\_\_\_ \$ \_\_\_\_\_

(d) STATE SOURCE OF ALL PROPERTY listed above. [If any property is derived from an estate or as a result of the death of any person, name the decedent, his or her date of death and relationship to the infant, whether a fiduciary has been appointed, court name, file number, and type of letters. Provide a copy of any will or decree directing payment. List names and addresses of all banks, insurance companies and persons from whom payment is expected].

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

9. (a) The infant has never had, at any time, a guardian appointed for him/her, and,

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

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

10. That if the infant is a non-domiciliary married person and the petition relates to property only, that the property is not subject to the control or disposition of the person's spouse by the law of his or her domicile. (SCPA 1705(5))

11. Petitioner [ ] has [ ] does not have knowledge that a person nominated 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 reported 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 subject infant is an abused or neglected child.

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

12. Petitioner has completed and annexed the Request For Information Guardianship Form (OCFS 3909) required to be submitted to the New York State Central Register of Child Abuse and Maltreatment.
13. The infant [ ] is [ ] is not a Native American child under the Indian Child Welfare Act of 1978. (25 U.S.C. Sections 1901-1963)
14. There are no other persons interested in this proceeding upon whom process is required to be served other than those listed above.
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 Guardianship of the

[ ] Person and Property

[ ] Property

be granted to \_\_\_\_\_

\_\_\_\_\_

or such other person or corporation as may be entitled thereto and that process issue to all interested persons who have not waived issuance of same requiring them to show cause why such relief should not be granted.

- (b) The guardian of the property be directed to collect and receive all moneys and other property of the infant jointly with a clerk of the Surrogate's Court, or Depository subject to the provisions of SCPA 1708, and shall deposit same in the name of guardian, subject to order of the court with either:

1. \_\_\_\_\_  
Name of Bank/Depository Branch Address

2. \_\_\_\_\_  
Name of Bank/Depository Branch Address

- (c) The bond of the guardian be dispensed with.

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

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

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

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

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

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

\_\_\_\_\_, 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 \_\_\_\_\_,

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

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

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

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

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

**COMBINED OATH & DESIGNATION**

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

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

1. OATH OF 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 such guardian: That I am acquainted with estate of said infant and have read the statement contained in the foregoing petition as to the estimated value of same, and believe same to be correct, and that I am not ineligible to receive letters.

2. DESIGNATION OF CLERK FOR SERVICE OR PROCESS: I 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 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)

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

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

\_\_\_\_\_  
(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 sworn to such instrument before me and duly acknowledged that he/she executed the same.

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

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

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

Firm Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

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

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

Proceeding for the Appointment of a  
Guardian for

\_\_\_\_\_

\_\_\_\_\_ an Infant.

-----X

I, \_\_\_\_\_, the infant, hereby join in the foregoing petition and request that

\_\_\_\_\_ of \_\_\_\_\_ be appointed guardian

- of my  person and property
- person
- property

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

\_\_\_\_\_ being duly sworn says: that I am the infant in the foregoing petition and  
joinder statement, that I have read the same and believe them to be true, and join in the prayer for the relief requested.

\_\_\_\_\_  
(Signature of Infant)

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

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

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

Note: If the petition is prepared by an attorney, the attorney's name, address and telephone number must be set forth.

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

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

Firm Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

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

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  
permanently resides at \_\_\_\_\_

YOU ARE HEREBY CITED TO SHOW CAUSE before the Surrogate's Court, \_\_\_\_\_ County  
at \_\_\_\_\_, New York, on \_\_\_\_\_,  
at \_\_\_\_\_ (a.m.) (p.m.), why a decree should not be made appointing \_\_\_\_\_  
as

- Guardian of the Person
- Guardian of the Property
- Guardian of the Person and Property

of \_\_\_\_\_, an infant.

(State any further relief requested)

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

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

Dated, Attested and Sealed,

\_\_\_\_\_

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

(Seal)

Name of  
Attorney or 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  
Guardian for

\_\_\_\_\_

an Infant.

-----X

WAIVER OF PROCESS  
RENUNCIATION AND CONSENT  
TO LETTERS OF GUARDIANSHIP

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-entitled proceeding is as follows:

[Check appropriate interest]

- Parent of the above-named infant
- Grandparent of the above named infant
- Other (Specify) \_\_\_\_\_

hereby personally appears in this proceeding and

- (1) renounces all right to Letters of Guardianship of the  person and property  
 person  property of infant.
- (2) waives the issuance and service of process in this matter, and
- (3) consents that \_\_\_\_\_ be appointed the guardian of the
  - a.  Person of the above-named infant
  - b.  Property of the above-named infant
  - c.  Person and Property of the above-named infant

and that such letters may be granted to said person or to any other person entitled thereto without notice to the undersigned.

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

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

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

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

On \_\_\_\_\_, \_\_\_\_\_, before me personally came \_\_\_\_\_ known to me to be the individual described in and who executed the foregoing instrument, and to me such person duly acknowledged that \_\_\_\_\_ executed the same.

\_\_\_\_\_  
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  
Guardian for

AFFIDAVIT OF PROPOSED  
GUARDIAN OF THE PERSON

\_\_\_\_\_

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

an Infant.

-----X

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

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 appointed guardian of the person of \_\_\_\_\_, an infant.

2. I have known the infant since \_\_\_\_\_ by reason of the following: [State relationship, if any. Set forth when and by whom the custody of the infant was transferred to you]

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

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

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

4. Not including minor traffic offenses and adjudications as a youthful offender, wayward minor 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 \_\_\_\_\_

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

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

6. I am not addicted to unlawful narcotics or to alcohol.

7. I am willing and able to undertake care, custody and control of the infant until the infant attains the age of eighteen (18) or until the court determines otherwise.

8. I believe that my appointment as guardian would be in the best interest of the infant 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  
Proceeding for the Appointment of a  
Guardian for

AFFIDAVIT OF PARENT

\_\_\_\_\_ an Infant.

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

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

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

1. I am a competent person over the age of eighteen (18) years and I am the natural/adoptive parent  
\_\_\_\_\_ of \_\_\_\_\_

(Mother/Father)

(Infant)

and I reside at \_\_\_\_\_

2. As the natural/adoptive parent of the above-named infant, I have determined that it would be in the best interests of  
the child if \_\_\_\_\_ was/were appointed guardian (s) of the

(Proposed Guardian (s) )

was/were appointed guardian (s) of the infant for the following reasons:

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

3. No guardian has ever been appointed for the infant herein nor has custody thereof been surrendered by me nor  
otherwise judicially awarded to any other person or agency except as listed below:

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

4. I understand that I am relinquishing all rights to care, custody and control of my infant \_\_\_\_\_,  
(Son/Daughter)

in favor of \_\_\_\_\_, the proposed guardian (s) of the person of said infant.

5. I further understand that such care, custody and control of the infant shall remain in \_\_\_\_\_  
(Proposed Guardian (s) )

as guardian of the person \_\_\_\_\_ until the infant shall attain the age of eighteen  
(Infant)

(18) years, and that the proposed guardian (s) is/are capable of assuming such care, custody, and control over the infant.

\_\_\_\_\_  
Signature of Parent

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

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