

17A Terminology

Petitioner- the person asking for relief from the court. Usually it is the parent or parents. There are spaces for two individuals. Fill in the contact information for one or both petitioners. The petitioner or petitioners is usually, but not always, the person seeking to be guardian.

Respondent - person is alleged to be under a disability.

Interested party- immediate family members who have a right to object to the relief requested. A second parent or a sibling of the Respondent

Waiver of Process, Renunciation and Consent to Appointment of Guardian – must be completed by individuals who are closely related to the Respondent; a second parent who is not seeking to be guardian or the siblings of the Respondent if above the age of 18 (this depends on who is applying and the family make up).

Consent, Oath and Designation – must be completed, signed and notarized by the individuals who are seeking appointment as Standby, Alternate, First alternate. Each document should be completed according to the status of the individual and consistent throughout.

Citation – the citation is issued to the Respondent after a file has been reviewed and becomes ready for a hearing. The Citation should be completed asking for the same relief as in the wherefore clause in the petition

3909 – PLEASE WAIT TO COMPLETE THIS DOCUMENT WITH A MEMBER OF OUR STAFF. IN THE MEANTIME, GATHER THE INFORMATION. PLEASE HAVE THE ADDRESSES YOU AND ALL ADULTS IN THE HOUSEHOLD RESIDED AT FOR THE PAST 28 YEARS, INCLUDING MONTH AND YEAR.

17-A PERSON ONLY APPLICATION STEPS

Family/Petitioner(s) should attend information session and obtain copy of the forms to understand the process

Family/Petitioner(s) should start collecting the following documents and or information

- Original birth certificate
- Residential history for the past 28 years
- Two physician certifications or one physician certification and one psychologist certification
- IEP
- \$20 filing fee

After completing the forms as best as you can and collecting the above listed information, please call 718-675-8510 to make an individual appointment to review the documents. If there is anything outstanding or needs clarification, you will be notified by mail.

Once the file is marked submitted and a review indicates it is in good form, then you as the petitioner and all necessary parties will have to call the court to make a fingerprint appointment. That can be done by calling 718-675-8500

Once the court receives all reports from the various agencies, the file is marked complete and can then be reviewed by the law department. The family/petitioner(s) will be notified if a conference is needed to obtain further information. If not, then a decision will be mailed to the family/petitioner(s) to schedule the matter for a hearing. Along with the decision will be the citation which has to be served upon the respondent. Proof of service can be brought to the court the day of the hearing.

Hearing Date- final step of the process. The petitioner(s) will attend a hearing in front of the Surrogate or a member of the Court and be asked various questions on the matter. This is a statutory requirement. At the conclusion of the hearing, the matter will be marked decision reserved and a decision will be rendered either granting or denying the 17A Petition.

Our guardianship department is always available to answer any questions you may have during the process.

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

Proceeding for the Appointment of a
Guardian for _____X

Pursuant to SCPA Article 17-A
_____X

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

**PETITION FOR
APPOINTMENT OF GUARDIAN 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:

1. The name, permanent address, date of birth and telephone number of the Petitioner(s), and the Petitioner's(s') relationship to the intellectually disabled person developmentally disabled person (hereafter known as Respondent) is as follows:

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: _____

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.]

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

Name of Parent: _____ 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 Parent: _____ 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 of the adult children and adult siblings, eighteen (18) years of age or older, of the Respondent are as follows: **[Add rider if necessary.]**

Name: _____ Relationship to Respondent: _____

Permanent Address: _____
(Street and Number)

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

Mailing Address: _____
(If different from permanent address)

Name: _____ Relationship to Respondent: _____

Permanent Address: _____
(Street and Number)

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

Mailing Address: _____
(If different from permanent address)

Name: _____ Relationship to Respondent: _____

Permanent Address: _____
(Street and Number)

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

Mailing Address: _____
(If different from permanent address)

Name: _____ Relationship to Respondent: _____

Permanent Address: _____
(Street and Number)

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

Mailing Address: _____
(If different from permanent address)

5. The name and address of the primary care physician if other than a physician having submitted a certification with the petition:

Name of primary care physician: _____

Post Office Address: _____
(Street and Number)

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

6. If the Respondent's parents are both deceased, list the names and addresses of the nearest distributees of full age who live within the State of New York. **[If not applicable, so state.]**

Name	Permanent Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. The name and address of the person(s) with whom the Respondent resides and/or the person(s) charged with his/her care and custody, if other than the parents or spouse:

Name	Permanent Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. If Respondent's parents, spouse, adult children or adult siblings are living but not proposed to be appointed guardian, standby guardian or alternate standby guardian, explain why below.

9. The persons proposed to be appointed guardian(s), standby guardian or alternate standby guardian are of sound mind, adult and competent.

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

(a) Petitioner(s) (is/are) requesting appointment of a guardian(s) of the Respondent's person and allege(s) the Petitioner(s) (is/are) motivated solely by the best interest of the Respondent for the reasons set forth below:

(b) Petitioner(s) (is/are) requesting appointment of a guardian(s) of the Respondent's property and allege(s) that the estimated value of all REAL and PERSONAL property to which the Respondent is entitled is:

\$ _____

[Answer question 11 only if requesting guardianship of the property.]

11. (a) PERSONAL PROPERTY **[State exact title of all bank accounts with account number and balance; any insurance policies by company, policy number, amount insured, name of insured and relationship to Respondent; the name, number of shares and value of all stocks, bonds, and any other personal property including all causes of action the Respondent may have.]**

(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 Respondent. If not, indicate rental income or whether a sale of the property is contemplated.]**

Location of Property _____

Gross Value \$ _____

Respondent's Interest _____

Annual Income \$ _____

Mortgaged or Under a Lien \$ _____

Rental Income \$ _____

Residence to be occupied by Respondent yes no

Sale of property contemplated yes no

(c) ANNUAL INCOME OF RESPONDENT FROM ALL SOURCES:

- (1) Wages to be received from: _____ \$ _____
- (2) Pension to be received from: _____ \$ _____
- (3) Income from trust: _____ \$ _____
- (4) Governmental entitlements from: _____ \$ _____
- (5) 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 Respondent; 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.]

12. Respondent has been duly certified as a person incapable of managing himself/herself and/or his/ her affairs by reason of [] intellectual disability [] developmental disability, and such condition is permanent in nature or likely to continue indefinitely, as shown by the certification of:

_____ Physician dated: _____ and

_____ Physician/Licensed Psychologist dated: _____

Said certifications shall be attached hereto and made part of the petition. [Where certifications of two licensed physicians are used, at least one certification must evidence special qualifications to make the certification as set forth in SCPA Section 1750 or Section 1750-a. At least one certification must evidence that the physician is familiar with or has professional knowledge in the care and treatment of persons with an intellectual disability or developmental disability, as appropriate.]

13. [If application for a limited guardian of the property] Respondent is over the age of 18 years and is employed by

_____, located at _____

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

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

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

(a) Name of Guardian, if other than Petitioner: _____

Permanent Address: _____

 (Street and Number)

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

Date of Birth: _____ Interest/Relationship to Respondent: _____

Education: _____ Qualifications: _____

- to be appointed Guardian of the [] person
 [] property
 [] person and property
 [] limited guardian of the property

Name of Guardian, if other than Petitioner: _____

Permanent Address: _____
(Street and Number)

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

Date of Birth: _____ Interest/Relationship to Respondent: _____

Education: _____ Qualifications: _____

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

(b) 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

(c) Name of the First 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 First Alternate Standby Guardian of the person
 property
 person and property
 limited guardian of the property

(d) 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

15. **[Check appropriate box]:**

- (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 incapable of being present to the extent that attendance 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, attach rider if necessary.]** _____
- _____
- (d) Respondent is less than 18 years of age, and Petitioner(s) request(s) that a hearing be dispensed with.

16. Respondent never has had a guardian appointed by will or deed or an acting guardian in socage, or a guardian of the person appointed pursuant to Section 384 or 384-b of the Social Services Law.

17. Petitioner(s) has/have does/do 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 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 Respondent is an abused or neglected individual.

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

18. Petitioner(s) has/have 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.

19. **[If the Respondent is under the age of 18 years complete the following]:**

The Respondent is is not a Native American child under the Indian Child Welfare Act of 1978 (25 U.S.C. Sections 1901 - 1963).

20. There are no other persons interested in this proceeding upon whom process is required to be served other than those listed above.

21. No prior application has been made to any court for the relief requested herein, except: **[Enter "NONE" or specify]**

WHEREFORE, your Petitioner(s) respectfully request(s) that: **[Check and complete all relief requested]**

(a) Letters of Guardianship of the

- person
- property
- person and property
- limited guardianship of the property of the Respondent be granted to _____

(b) Appointment of _____ as Standby Guardian of the

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

(c) Appointment of _____ as First Alternate Standby Guardian of the

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

(d) Appointment of _____ as Second Alternate Standby Guardian of the

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

be granted, 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.

(e) The appearance of the Respondent should be should not be required at any hearing.

(f) The guardian(s) of the person 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. A health care decision may include a decision to withhold or withdraw life-sustaining treatment treatment as defined in Section 1750-b(1) of the Surrogate's Court Procedure Act.

(g) The guardian(s) of the property be directed to collect and receive all moneys and other property of the Respondent 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 the guardian(s), subject to order of the court with either:

1. _____
Name of Bank/Depository Branch Address

2. _____
Name of Bank/Depository Branch Address

[List two Banks/Depositories in _____ County.]

(h) The bond of the guardian(s) be dispensed with.

(I) Additional relief requested _____

Dated: _____

1. _____
(Signature of Petitioner)

2. _____
(Signature of Petitioner)

(Print Name)

(Print Name)

3. _____
(Name of Corporate Petitioner)

(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/we are 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)

(Signature of Petitioner)

(Print Name)

(Print Name)

(Name of Corporate Petitioner)

(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: _____

COMBINED OATH & DESIGNATION
[For use when Petitioner is an individual]

STATE OF NEW YORK)
COUNTY OF _____) ss.:

_____ being duly sworn, deposes and says:

- OATH OF GUARDIAN: I am over eighteen (18) years of age, that I will well, faithfully and honestly discharge the duties of such guardian: That I am acquainted with the estate of said (intellectually disabled) (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 correct, and that I am not ineligible to receive letters.
- DESIGNATION OF CLERK FOR SERVICE OF 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 Code)

My permanent address is: _____
(Street Address) (City, Town, Village) (State) (Zip Code)

(Signature of Proposed Guardian)

(Signature of Proposed Guardian)

(Print Name)

(Print Name)

On _____, _____, before me personally came

_____ to me known to be the person(s) described in and who executed the foregoing instrument. Such person(s) duly swore to such instrument before me and duly acknowledged that he/she/they executed the same.

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

COMBINED CORPORATE CONSENT & DESIGNATION
[For use when a Petitioner to be appointed is a corporation]

STATE OF NEW YORK)
COUNTY OF _____) ss.:

I, the undersigned, a _____ of
(Title)

(Name of Corporation)

a corporation duly qualified to act in a fiduciary capacity without further security, being duly sworn, say:

1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.
2. CONSENT: I consent to accept the appointment as Guardian Standby Guardian First Alternate Standby Guardian Second Alternate Standby Guardian of the person property person and property limited guardianship of the property of the Respondent described in the foregoing petition and consent to act as such fiduciary.
3. DESIGNATION OF CLERK FOR SERVICE OF 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.

(Proposed Corporate Guardian)

(Signature of Officer)

(Print Name and Title of Officer)

On _____, _____, before me personally came _____,
to me known, who duly swore to the foregoing instrument and which did say that he/she resides at _____
_____ and that he/she is a _____ of
_____ the corporation described in and which executed such instrument, and
that he/she signed his/her name thereto by order of the Board of Directors of the corporation.

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
 PROPERTY
 PERSON AND PROPERTY
 LIMITED GUARDIAN OF THE PROPERTY

Pursuant to SCPA Article 17-A

-----X

File No. _____

STATE OF NEW YORK)
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 an intellectually disabled person a developmentally disabled person.

2. I have known the subject 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 [] intellectually disabled person [] developmentally disabled person, except

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

8. I am willing and able to undertake care, custody and control 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:

(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 (CERTIFICATION) OF EXAMINING
PHYSICIAN OR LICENSED PSYCHOLOGIST**

File No. _____

Pursuant to SCPA Article 17-A

-----X

STATE OF NEW YORK)
COUNTY OF) ss.:

I, _____, [] Physician [] Licensed Psychologist,
being duly sworn, deposes and says:

[PLEASE ANSWER ALL QUESTIONS]

1. My license number is : _____

2. My offices are located at: _____

3. My professional knowledge and/or background in the care and treatment of persons with [] intellectual disabilities
[] developmental disabilities is as follows:

4(a). I have examined the Respondent on: **[Set forth date(s).]**

(b). **[Check appropriate box(es) and explain where requested]:**

[] I have performed the following tests or evaluations of the Respondent. **[Set forth in detail the names
of tests and/or evaluations, dates performed and results.]**

[] I have reviewed the following tests or evaluations performed on Respondent. **[Set forth in detail the
names of tests and/or evaluations, dates performed, results and names of doctors who performed the
tests and/or evaluations.]**

5. The mental and physical condition of the Respondent is as follows: **[Describe in detail.]**

6. **[Check appropriate box(es)]:**

INTELLECTUALLY DISABLED

- Based upon the foregoing, it is my conclusion the Respondent is an intellectually disabled person and in my opinion incapable of managing himself/herself and/or his/her affairs by reason of an intellectual disability. The nature and degree of the intellectual disability is as follows:

DEVELOPMENTALLY DISABLED

- Based upon the foregoing, it is my conclusion that the Respondent is developmentally disabled and in my opinion he/she has an impaired ability to understand and appreciate the nature and consequences of decisions, which results in Respondent being incapable of managing himself/herself and/or his/her affairs by reason of developmental disability, and whose disability is attributable to:

(a) Cerebral palsy, which originated before the Respondent attained the age of twenty-two.
[Describe, in detail, the nature, degree and origin of the disability.]

(b) Epilepsy, which originated before the Respondent attained the age of twenty-two.
[Describe, in detail, the nature, degree and origin of the disability.]

(c) Neurological impairment, which originated before the Respondent attained the age of twenty-two.
[Describe, in detail, the nature, degree and origin of the disability.]

(d) Autism, which originated before the Respondent attained the age of twenty-two. **[Describe, in detail, the nature, degree and origin of the disability.]**

(e) Traumatic head injury. **[Describe, in detail, the nature, degree and origin of the disability.]**

(f) A condition, which originated before the Respondent attained the age of twenty-two, found to be closely related to an intellectual disability, because such condition results in similar impairment of general intellectual functioning or adaptive behavior to that of intellectually disabled persons. **[Describe in detail the condition, and the nature, degree and origin of the disability.]**

(g) Dyslexia resulting from a disability described in subdivision (a) through (f) or an intellectual disability which condition originated before the Respondent attained the age of twenty-two. **[Describe in detail the nature, degree and origin of the developmental disability or intellectual disability.]**

7. [Check appropriate box]:

- The condition of the Respondent is permanent in nature or likely to continue indefinitely.
- The condition of the Respondent is not permanent in nature nor likely to continue indefinitely.

8. [Check appropriate box]:

- There are no circumstances warranting Respondent’s nonappearance at the hearing required by the court.
- Respondent’s presence at the hearing should be dispensed with because he/she is medically incapable of being present to the extent that attendance is likely to result in physical harm to the Respondent. **[Explain in detail.]**

[] Respondent's presence at the hearing should be dispensed with for the following reasons: **[Set forth facts and circumstances which would result in the court finding that the Respondent's presence at the hearing would not be in his/her best interest.]**

9. **[Check appropriate box for an intellectually disabled person]:**

- [] Based upon the foregoing, it is my conclusion that the Respondent **is not capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.
- [] Based upon the foregoing, it is my conclusion that the Respondent **is capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.

10. **[Check appropriate box for a developmentally disabled person]:**

- [] Based upon the foregoing, it is my conclusion that the Respondent has a developmental disability, as defined in Section 1750-b(1) of the Surrogate's Court Procedure Act, which includes an intellectual disability, or results in a similar impairment of general intellectual functioning or adaptive behavior so that such person is incapable of managing himself or herself, and/or his or her affairs by reason of such developmental disability, and that the Respondent **is not capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.
- [] Based upon the foregoing, it is my conclusion that the Respondent **is capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.

Signature of Physician/Licensed Psychologist

Print Name

Sworn to before me this

_____ day of _____.

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

-----X

Proceeding for the Appointment of a
Guardian for

**AFFIRMATION (CERTIFICATION)
OF EXAMINING PHYSICIAN**

File No. _____

Pursuant to SCPA Article 17-A

-----X

STATE OF NEW YORK)
COUNTY OF) ss.:

I, _____, a physician duly licensed to practice
medicine in the State of New York, under penalty of perjury affirms as follows:

[PLEASE ANSWER ALL QUESTIONS]

1. My license number is : _____

2. My offices are located at: _____

3. My professional knowledge and/or background in the care and treatment of persons with [] intellectual
disabilities [] developmental disabilities is as follows:

4(a). I have examined the Respondent on: **[Set forth date(s).]**

(b). **[Check appropriate box(es) and explain where requested]:**

[] I have performed the following tests or evaluations of the Respondent. **[Set forth in detail the names of
tests and/or evaluations, dates performed and results.]**

[] I have reviewed the following tests or evaluations performed on Respondent. **[Set forth in detail the
names of tests and/or evaluations, dates performed, results and names of doctors who performed
the tests and/or evaluations.]**

5. The mental and physical condition of the Respondent is as follows: **[Describe in detail.]**

6. **[Check appropriate box(es)]:**

INTELLECTUALLY DISABLED

- Based upon the foregoing, it is my conclusion the Respondent is an intellectually disabled person and in my opinion incapable of managing himself/herself and/or his/her affairs by reason of intellectual disability. The nature and degree of the intellectual disability is as follows:

DEVELOPMENTALLY DISABLED

- Based upon the foregoing, it is my conclusion that the Respondent is developmentally disabled and in my opinion he/she has an impaired ability to understand and appreciate the nature and consequences of decisions, which results in Respondent being incapable of managing himself/herself and/or his/her affairs by reason of developmental disability, and whose disability is attributable to:

- (a) Cerebral palsy, which originated before the Respondent attained the age of twenty-two. **[Describe, in detail, the nature, degree and origin of the disability.]**

- (b) Epilepsy, which originated before the Respondent attained the age of twenty-two. **[Describe, in detail, the nature, degree and origin of the disability.]**

- (c) Neurological impairment, which originated before the Respondent attained the age of twenty-two. **[Describe, in detail, the nature, degree and origin of the disability.]**

(d) Autism, which originated before the Respondent attained the age of twenty-two.
[Describe, in detail, the nature, degree and origin of the disability.]

(e) Traumatic head injury.
[Describe, in detail, the nature, degree and origin of the disability.]

(f) A condition, which originated before the Respondent attained the age of twenty-two, found to be closely related to an intellectual disability, because such condition results in similar impairment of general intellectual functioning or adaptive behavior to that of intellectually disabled persons.
[Describe in detail the condition, and the nature, degree and origin of the disability.]

(g) Dyslexia resulting from a disability described in subdivision (a) through (f) or an intellectual disability which condition originated before the Respondent attained the age of twenty-two.
[Describe in detail the nature, degree and origin of the developmental disability or intellectual disability.]

7. [Check appropriate box]:

- The condition of the Respondent is permanent in nature or likely to continue indefinitely.
- The condition of the Respondent is not permanent in nature nor likely to continue indefinitely.

8. [Check appropriate box]:

- There are no circumstances warranting Respondent's nonappearance at the hearing required by the court.
- Respondent's presence at the hearing should be dispensed with because he/she is medically incapable of being present to the extent that attendance is likely to result in physical harm to the Respondent.
[Explain in detail.]

- Respondent's presence at the hearing should be dispensed with for the following reasons: **[Set forth facts and circumstances which would result in the court finding that the Respondent's presence at the hearing would not be in his/her best interest.]**

9. **[Check appropriate box for intellectually disabled person]:**

- Based upon the foregoing, it is my conclusion that the Respondent **is not capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.
- Based upon the foregoing, it is my conclusion that the Respondent **is capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.

10. **[Check appropriate box for a developmentally disabled person]:**

- Based upon the foregoing, it is my conclusion that the Respondent has a developmental disability, as defined in Section 1750-b(1) of the Surrogate's Court Procedure Act, which includes an intellectual disability, or results in a similar impairment of general intellectual functioning or adaptive behavior so that such person is incapable of managing himself or herself, and/or his or her affairs by reason of such developmental disability, and that the Respondent **is not capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.
- Based upon the foregoing, it is my conclusion that the Respondent **is capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.

Signature of Physician

Print Name

Dated: _____

-----X

Proceeding for the Appointment of a
Guardian for

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

File No. _____

Pursuant to SCPA Article 17-A

-----X

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 alleged intellectually disabled person developmentally disabled person.

Spouse of the above-named alleged intellectually disabled person developmentally disabled person.

An adult child of the above-named alleged intellectually disabled person developmentally disabled person.

An adult brother/sister of the above-named alleged intellectually disabled person
 developmentally disabled person

Other **[Specify]** _____

hereby personally appears in this proceeding and

1. renounces all right to apply as a guardian under Article 17-A of the SCPA

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

3. consents that _____ be named the Guardian(s) of the

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

and that _____ be named the Standby
Guardian of the

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

and that _____ be named the First Alternate Standby Guardian of the

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

and that _____ be named the Second Alternate Standby Guardian of the

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

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

Date: _____

(Signature)

(Print Name)

STATE OF _____) ss.:
COUNTY OF _____)

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)

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

-----X

Proceeding for the Appointment of a
Guardian for

**CONSENT, OATH AND
DESIGNATION**

File No. _____

Pursuant to SCPA Article 17-A

-----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 [] first alternate standby guardian [] second 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 removal 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 (180) days of my assumption of duties.

1. OATH OF [] STANDBY GUARDIAN [] FIRST ALTERNATE STANDBY GUARDIAN []
SECOND ALTERNATE STANDBY GUARDIAN: I am over eighteen (18) years of age, that I will well, faithfully and honestly
discharge the duties of

[] standby guardian [] first alternate standby guardian [] second 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)

SURROGATE'S COURT- COUNTY

17-A GUARDIANSHIP 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/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 Standby Guardian of the
 person
 property
 person and property
 limited guardianship of the property
of _____ should not be granted;

why the appointment of _____ as First 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;

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(s) 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. A health care decision may include a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b(1) of the Surrogate's Court Procedure Act.

[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. If you fail to appear it will be assumed you do not object to the relief requested. You have a right to have an attorney appear for you.]

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REQUEST FOR INFORMATION GUARDIANSHIP FORM
(FOR COURT USE ONLY)

SCR USE ONLY: Request I.D. #
Date of request: / /

Section 1706 of the Surrogate's Court Procedure Act and Section 81.19(g) of the Mental Hygiene Law require that an inquiry be made of the New York Statewide Central Register of Child Abuse and Maltreatment as to whether the proposed guardian or any other individual eighteen years of age or over who resides in the home of the proposed guardian is a subject of an indicated child abuse or maltreatment report.

RESOURCE ID #	COURT LIAISON	AREA CODE/PHONE # () -
DOCKET FILE #	COURT NAME AND ADDRESS	ZIP CODE

INFORMATION CONCERNING PROPOSED GUARDIAN(S) AND MEMBERS OF THE HOUSEHOLD - Please Print Clearly.
Complete each column for every household member regardless of age. The proposed guardian(s) are listed first with maiden name or alias listed directly below each individual. If there is no maiden name or alias for that individual please write "NONE" in the row underneath that individual's name. For all other household members, indicate his/her relationship to the guardian in the second column using the relationship to guardian code on the reverse of this form. List the maiden name or alias for that household member in the row below their name indicating maiden or alias or "NONE" if applicable.

RELATIONSHIP TO GUARDIAN CODES: (see page 2 for codes)	LAST NAME (Please print clearly)	FIRST NAME (Please print clearly)	MI	SEX	DATE OF BIRTH (mm/dd/yyyy)
(G) Guardian				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
(M) Maiden/alias				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
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				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /

Please provide your **CURRENT ADDRESS** and any **PREVIOUS ADDRESSES** at which you have resided over the **last 28 years**, including **CITY, STATE, and ZIP CODE** for **each individual** being cleared. Include month/year in the FROM and TO columns. Attach additional pages if necessary.

CURRENT ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /

ADDRESS HISTORY FOR OTHER PERSON(S) 18 YEARS OLD OR OLDER, RESIDING WITH PROPOSED GUARDIAN.
Include month/year in the FROM and TO columns. Attach additional pages if necessary.

LAST NAME & MAIDEN/ALIAS	FIRST NAME	MI
CURRENT STREET ADDRESS	CITY	STATE ZIP FROM (mo/yr) TO (mo/yr) / / / /
PREVIOUS STREET ADDRESS	CITY	STATE ZIP FROM (mo/yr) TO (mo/yr) / / / /
PREVIOUS STREET ADDRESS	CITY	STATE ZIP FROM (mo/yr) TO (mo/yr) / / / /
PREVIOUS STREET ADDRESS	CITY	STATE ZIP FROM (mo/yr) TO (mo/yr) / / / /
PREVIOUS STREET ADDRESS	CITY	STATE ZIP FROM (mo/yr) TO (mo/yr) / / / /
PREVIOUS STREET ADDRESS	CITY	STATE ZIP FROM (mo/yr) TO (mo/yr) / / / /

SURROGATE'S COURT
COUNTY COURTHOUSE
18 RICHMOND TERRACE
ROOM 201
STATEN ISLAND, N.Y. 10301

FINGERPRINTING APPOINTMENT

File No. _____

Matter of _____

Name of Person to be Fingerprinted

Phone

1. _____

2. _____

3. _____

4. _____

5. _____

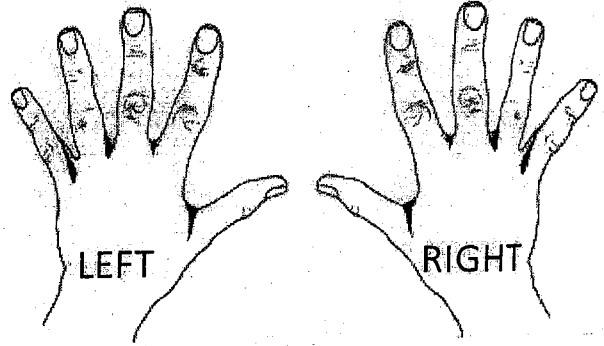
6. _____

Appointment Date _____ at _____

(Appointments on Monday, Tuesday, Thursday or Friday from 10:00 AM to
12:00 PM and 2:00 PM to 4:00 PM)

RICHMOND COUNTY SURROGATES COURT FINGERPRINT INFOSHEET

Please note whether you have any amputations or other conditions that may affect your fingerprinting and note the digit on the diagram below:



FILE # - _____

Last Name - _____

First Name - _____ Middle Name - _____

Date of Birth - (YEAR) _____ (MONTH) _____ (DAY) _____

Sex - M or F

Hair Color - BALD BLACK BLONDE BROWN GRAY WHITE ORANGE RED

Eye Color - BLUE GREEN HAZEL BROWN GRAY PINK OTHER

HEIGHT - _____ WEIGHT - _____

RACE- ASIAN/PACIFIC ISLANDER NATIVE AMERICAN BLACK WHITE OTHER

State/Country of Birth - _____

Country of Citizenship _____

Social Security Number - _____

Address - _____

City - _____ State - _____ Zip Code - _____

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

-----X
Proceeding for the Appointment of a
Guardian for

Potential Ward

Pursuant to SCPA Article 17-A
-----X

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

PETITION FOR
APPOINTMENT OF GUARDIAN OF
 PERSON
 PROPERTY
 PERSON AND PROPERTY
 LIMITED GUARDIAN OF THE PROPERTY

Which are you
seeking?

File No. _____

TO THE SURROGATE'S COURT OF THE COUNTY OF Richmond

It is respectfully alleged:

select if appropriate

select if appropriate

1. The name, permanent address, date of birth and telephone number of the Petitioner(s), and the Petitioner's(s') relationship to the intellectually disabled person developmentally disabled person (hereafter known as Respondent) is as follows:

Name: Mom/Dad/etc. 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: mother; father; aunt;
brother, etc.
Name: Mom (complete if two people serving together) 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: mother, father, aunt,
aunt, brother, etc.

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

Name: Person alleged under a disability

Permanent Address: _____
(Street and Number)

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

Mailing Address: _____
(If different from permanent address)

Date of Birth: _____ Marital Status: (married or single)

[Attach certified copy of birth certificate.]

(it will not be returned)

Where is the Respondent living?

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 names and permanent addresses of the parents of the Respondent and, if the Respondent is married, the Respondent's spouse are: [If deceased give date of death and complete Number 6]

Name of Parent: 1st parent Date of Birth: for first parent Date of Death: if applicable
Permanent Address: complete this section
(Street and Number)

(City, Village, Town) (State) (Zip Code)
Mailing Address:
(If different from permanent address)

Name of Parent: 2nd parent Date of Birth: for 2nd parent Date of Death: if applicable
Permanent Address: complete this section if applicable
(Street and Number)

(City, Village, Town) (State) (Zip Code)
Mailing Address:
(If different from permanent address)

Name of Spouse: if applicable-if not write N/A 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 of the adult children and adult siblings, eighteen (18) years of age or older, of the Respondent are as follows: [Add rider if necessary.]

1. Name: 1st sibling if applicable Relationship to Respondent: brother/sister
Permanent Address: complete this section if applicable. If not, write N/A
(Street and Number)

(City, Village, Town) (State) (Zip Code)
Mailing Address:
(If different from permanent address)

2. Name: 2nd sibling Relationship to Respondent: brother/sister

Permanent Address: complete this section if applicable
(Street and Number)

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

Mailing Address: _____
(If different from permanent address)

3. Name: _____ Relationship to Respondent: _____

Permanent Address: _____
(Street and Number)

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

Mailing Address: _____
(If different from permanent address)

4. Name: _____ Relationship to Respondent: _____

Permanent Address: _____
(Street and Number)

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

Mailing Address: _____
(If different from permanent address)

5. The name and address of the primary care physician if other than a physician having submitted a certification with the petition:

Name of primary care physician: please provide

Post Office Address: _____
(Street and Number)

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

6. If the Respondent's parents are both deceased, list the names and addresses of the nearest distributees of full age who live within the State of New York. **[If not applicable, so state.]**

Name	Permanent Address	Relationship
------	-------------------	--------------

If parents are both deceased, does the respondent have any siblings?

If so, those are the nearest distributees. If this section is not

applicable, write N/A

7. The name and address of the person(s) with whom the Respondent resides and/or the person(s) charged with his/her care and custody, if other than the parents or spouse:

Name	Permanent Address	Relationship
------	-------------------	--------------

only complete if applicable. If not, write N/A

8. If Respondent's parents, spouse, adult children or adult siblings are living but not proposed to be appointed guardian, standby guardian or alternate standby guardian, explain why below.

Read the above statement. If any of these individuals are applying for guardianship positions, then this section is N/A.

9. The persons proposed to be appointed guardian(s), standby guardian or alternate standby guardian are of sound mind, adult and competent.

10. [Please check (a) and (b) for guardian of the Respondent's person and property; check (a) for guardianship of the Respondent's person only; or (b) for the guardianship of the Respondent's property only.]

check off 1 person or 2?

(a) Petitioner(s) (is/are) requesting appointment of a guardian(s) of the Respondent's person and allege(s) the Petitioner(s) (is/are) motivated solely by the best interest of the Respondent for the reasons set forth below:

Why are you applying for guardianship?

(b) Petitioner(s) (is/are) requesting appointment of a guardian(s) of the Respondent's property and allege(s) that the estimated value of all REAL and PERSONAL property to which the Respondent is entitled is:

\$ not applicable unless asking for guardianship of property

[Answer question 11 only if requesting guardianship of the property.]

11. (a) PERSONAL PROPERTY [State exact title of all bank accounts with account number and balance; any insurance policies by company, policy number, amount insured, name of insured and relationship to Respondent; the name, number of shares and value of all stocks, bonds, and any other personal property including all causes of action the Respondent may have.]

N/A unless asking for guardianship of property.

(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 Respondent. If not, indicate rental income or whether a sale of the property is contemplated.]

Location of Property _____

Gross Value \$ _____

Respondent's Interest _____

Annual Income \$ _____

Mortgaged or Under a Lien \$ _____

Rental Income \$ _____

Residence to be occupied by Respondent yes no

Sale of property contemplated yes no

(c) ANNUAL INCOME OF RESPONDENT FROM ALL SOURCES: N/A

- (1) Wages to be received from: _____ \$ _____
- (2) Pension to be received from: _____ \$ _____
- (3) Income from trust: _____ \$ _____
- (4) Governmental entitlements from: _____ \$ _____
- (5) 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 Respondent; 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.]

N/A

select applicable choice

12. Respondent has been duly certified as a person incapable of managing himself/herself and/or his/ her affairs by reason of [] intellectual disability [] developmental disability, and such condition is permanent in nature or likely to continue indefinitely, as shown by the certification of:

name of physician _____ Physician dated: _____ and
 name of physician _____ Physician/Licensed Psychologist dated: _____

Said certifications shall be attached hereto and made part of the petition. [Where certifications of two licensed physicians are used, at least one certification must evidence special qualifications to make the certification as set forth in SCPA Section 1750 or Section 1750-a. At least one certification must evidence that the physician is familiar with or has professional knowledge in the care and treatment of persons with an intellectual disability or developmental disability, as appropriate.]

13. [If application for a limited guardian of the property] Respondent is over the age of 18 years and is employed by

_____, located at _____

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

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

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

(a) Name of Guardian, if other than Petitioner: _____

Permanent Address: _____
(Street and Number)

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

Date of Birth: _____ Interest/Relationship to Respondent: _____

Education: _____ Qualifications: _____

- to be appointed Guardian of the [] person
- [] property
- [] person and property
- [] limited guardian of the property

Name of Guardian, if other than Petitioner: _____

Permanent Address: _____
(Street and Number)

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

Date of Birth: _____ Interest/Relationship to Respondent: _____

Education: _____ Qualifications: _____

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

(b) Name of the Standby Guardian: the person who steps up if one or both
guardians no longer able to act.

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

(c) Name of the First Alternate Standby Guardian: steps up after standby

Permanent Address: _____
(Street and Number)

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

Date of Birth: _____ Interest/Relationship to Respondent: _____

Education: _____ Qualifications: _____

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

(d) Name of the Second Alternate Standby Guardian: steps up after 1st alternate standby

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

15. **[Check appropriate box]:**

select one

- (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 incapable of being present to the extent that attendance 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, attach rider if necessary.]** _____

- (d) Respondent is less than 18 years of age, and Petitioner(s) request(s) that a hearing be dispensed with.

Read

16. Respondent never has had a guardian appointed by will or deed or an acting guardian in socage, or a guardian of the person appointed pursuant to Section 384 or 384-b of the Social Services Law.

select one

17. Petitioner(s) has/have does/do 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 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 Respondent is an abused or neglected individual.

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

Read

18. Petitioner(s) has/have 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.

19. **[If the Respondent is under the age of 18 years complete the following]:**

select one

The Respondent is is not a Native American child under the Indian Child Welfare Act of 1978 (25 U.S.C. Sections 1901 - 1963).

Read

20. There are no other persons interested in this proceeding upon whom process is required to be served other than those listed above.

21. No prior application has been made to any court for the relief requested herein, except: **[Enter "NONE" or specify]**

MOST IMPORTANT SECTION - THE RELIEF YOU ARE ASKING
THE COURT TO GRANT

WHEREFORE, your Petitioner(s) respectfully request(s) that: **[Check and complete all relief requested]**

(a) Letters of Guardianship of the

select one { person
 property
 person and property
 limited guardianship of the property
of the Respondent be granted to petitioner; guardian

(b) Appointment of name as Standby Guardian of the

select one { person
 property
 person and property
 limited guardianship of the property
of the Respondent

(c) Appointment of name as First Alternate Standby Guardian of the

select one { person
 property
 person and property
 limited guardianship of the property
of the Respondent

(d) Appointment of _____ as Second Alternate Standby Guardian of the

person
 property
 person and property
 limited guardianship of the property
of the Respondent

be granted, 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.

(e) The appearance of the Respondent should be should not be required at any hearing. ← select one

(f) The guardian(s) of the person 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. A health care decision may include a decision to withhold or withdraw life-sustaining treatment treatment as defined in Section 1750-b(1) of the Surrogate's Court Procedure Act.

(g) The guardian(s) of the property be directed to collect and receive all moneys and other property of the Respondent 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 the guardian(s), subject to order of the court with either:

1. _____
Name of Bank/Depository Branch Address
2. _____
Name of Bank/Depository Branch Address

[List two Banks/Depositories in _____ County.]

(h) The bond of the guardian(s) be dispensed with.

(I) Additional relief requested _____

Dated: _____

Sign { 1. _____
(Signature of Petitioner)

(Print Name)

2. _____
(Signature of Petitioner)

(Print Name)

3. _____
(Name of Corporate Petitioner)

(Signature of Officer)

(Print Name and Title of Officer)

STATE OF NEW YORK)
COUNTY OF _____) ss.:

Complete ↗

_____, being duly sworn deposes and says that I am/we are 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)

(Signature of Petitioner)

(Print Name)

(Print Name)

(Name of Corporate Petitioner)

(Signature of Officer)

(Print Name and Title of Officer)

Sworn to before me this

_____ day of _____, _____

← Notarize

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

Signature of Attorney: _____

Print Name: _____

Firm Name: _____ Telephone Number: _____

Address of Attorney: _____

COMBINED OATH & DESIGNATION
[For use when Petitioner is an individual]

STATE OF NEW YORK)
COUNTY OF _____) ss.:

_____ being duly sworn, deposes and says:

- 1. OATH OF GUARDIAN: I am over eighteen (18) years of age, that I will well, faithfully and honestly discharge the duties of such guardian: That I am acquainted with the estate of said (intellectually disabled) (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 correct, and that I am not ineligible to receive letters.
- 2. DESIGNATION OF CLERK FOR SERVICE OF 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 Code)

My permanent address is: _____
 (Street Address) (City, Town, Village) (State) (Zip Code)

(Signature of Proposed Guardian)

(Signature of Proposed Guardian)

(Print Name)

(Print Name)

On _____, _____, before me personally came

_____ to me known to be the person(s) described in and who executed the foregoing instrument. Such person(s) duly swore to such instrument before me and duly acknowledged that he/she/they executed the same.

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

COMBINED CORPORATE CONSENT & DESIGNATION
[For use when a Petitioner to be appointed is a corporation]

STATE OF NEW YORK)
COUNTY OF _____) ss.:

I, the undersigned, a _____ of
(Title)

(Name of Corporation)

a corporation duly qualified to act in a fiduciary capacity without further security, being duly sworn, say:

1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.
2. CONSENT: I consent to accept the appointment as [] Guardian [] Standby Guardian [] First Alternate Standby Guardian [] Second Alternate Standby Guardian of the [] person [] property [] person and property [] limited guardianship of the property of the Respondent described in the foregoing petition and consent to act as such fiduciary.
3. DESIGNATION OF CLERK FOR SERVICE OF 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.

(Proposed Corporate Guardian)

(Signature of Officer)

(Print Name and Title of Officer)

On _____, _____, before me personally came _____, to me known, who duly swore to the foregoing instrument and which did say that he/she resides at _____ and that he/she is a _____ of _____ the corporation described in and which executed such instrument, and that he/she signed his/her name thereto by order of the Board of Directors of the corporation.

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

THIS SHOULD BE COMPLETED BY THE PETITIONER
(THE PERSON WHO IS ASKING TO BE GUARDIAN)

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
[] PROPERTY
[] PERSON AND PROPERTY
[] LIMITED GUARDIAN OF THE PROPERTY

Pursuant to SCPA Article 17-A

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

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 appointed guardian of [] an intellectually disabled person [] a developmentally disabled person.

2. I have known the subject 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 _____

*Make sure to complete every question

(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 [] intellectually disabled person [] developmentally disabled person, except

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

8. I am willing and able to undertake care, custody and control 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:

(Signature of Proposed Guardian)

(Print Name)

Sworn to before me this
_____ day of _____, _____

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

THIS SHOULD BE COMPLETED BY THE SECOND PETITIONER:
CO-GUARDIAN IF APPLICABLE

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
 PROPERTY
 PERSON AND PROPERTY
 LIMITED GUARDIAN OF THE PROPERTY

Pursuant to SCPA Article 17-A

-----X
File No. _____

STATE OF NEW YORK)
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 an intellectually disabled person a developmentally disabled person.

2. I have known the subject 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 _____

*Complete every question

(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 [] intellectually disabled person [] developmentally disabled person, except

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

8. I am willing and able to undertake care, custody and control 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:

(Signature of Proposed Guardian)

(Print Name)

Sworn to before me this

_____ day of _____, _____

Notary Public

Commission Expires:

(Affix Notary Stamp or Seal)

MUST BE COMPLETED BY EVERY PERSON WHO WILL BE APPOINTED IN A FIDUCIARY CAPACITY

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

-----X
Proceeding for the Appointment of a
Guardian for

CONSENT, OATH AND
DESIGNATION

File No. _____

Pursuant to SCPA Article 17-A
-----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 first alternate standby guardian second 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 removal 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 (180) days of my assumption of duties.

1. OATH OF STANDBY GUARDIAN FIRST ALTERNATE STANDBY GUARDIAN
SECOND ALTERNATE STANDBY GUARDIAN: I am over eighteen (18) years of age, that I will well, faithfully and honestly
discharge the duties of
 standby guardian first alternate standby guardian second 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)

INTERESTED PARTIES TO COMPLETE THIS SECTION

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

-----X
Proceeding for the Appointment of a
Guardian for

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

File No. _____

Pursuant to SCPA Article 17-A
-----X

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 alleged intellectually disabled person developmentally disabled person.
- Spouse of the above-named alleged intellectually disabled person developmentally disabled person.
- An adult child of the above-named alleged intellectually disabled person developmentally disabled person.
- An adult brother/sister of the above-named alleged intellectually disabled person
 developmentally disabled person
- Other **[Specify]** _____

hereby personally appears in this proceeding and

1. renounces all right to apply as a guardian under Article 17-A of the SCPA
2. waives the issuance and service of process in this matter, and
3. consents that _____ be named the Guardian(s) of the
 - person
 - property
 - person and property
 - limited guardianship of the property

and that _____ be named the Standby
Guardian of the

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

and that _____ be named the First Alternate Standby Guardian of the

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

and that _____ be named the Second Alternate Standby Guardian of the

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

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

Date: _____

(Signature)

(Print Name)

STATE OF _____) ss.:
COUNTY OF _____)

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)

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

-----X
Proceeding for the Appointment of a
Guardian for

M.D. Only
**AFFIRMATION (CERTIFICATION)
OF EXAMINING PHYSICIAN**

File No. _____

Pursuant to SCPA Article 17-A

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

I, _____, a physician duly licensed to practice
medicine in the State of New York, under penalty of perjury affirms as follows:

[PLEASE ANSWER ALL QUESTIONS]

1. My license number is : _____

2. My offices are located at: _____

3. My professional knowledge and/or background in the care and treatment of persons with [] intellectual
disabilities [] developmental disabilities is as follows:

4(a). I have examined the Respondent on: **[Set forth date(s).]**

(b). **[Check appropriate box(es) and explain where requested]:**

[] I have performed the following tests or evaluations of the Respondent. **[Set forth in detail the names of
tests and/or evaluations, dates performed and results.]**

[] I have reviewed the following tests or evaluations performed on Respondent. **[Set forth in detail the
names of tests and/or evaluations, dates performed, results and names of doctors who performed
the tests and/or evaluations.]**

5. The mental and physical condition of the Respondent is as follows: **[Describe in detail.]**

6. **[Check appropriate box(es)]:**

INTELLECTUALLY DISABLED

- Based upon the foregoing, it is my conclusion the Respondent is an intellectually disabled person and in my opinion incapable of managing himself/herself and/or his/her affairs by reason of intellectual disability. The nature and degree of the intellectual disability is as follows:

DEVELOPMENTALLY DISABLED

- Based upon the foregoing, it is my conclusion that the Respondent is developmentally disabled and in my opinion he/she has an impaired ability to understand and appreciate the nature and consequences of decisions, which results in Respondent being incapable of managing himself/herself and/or his/her affairs by reason of developmental disability, and whose disability is attributable to:

(a) Cerebral palsy, which originated before the Respondent attained the age of twenty-two. **[Describe, in detail, the nature, degree and origin of the disability.]**

(b) Epilepsy, which originated before the Respondent attained the age of twenty-two. **[Describe, in detail, the nature, degree and origin of the disability.]**

(c) Neurological impairment, which originated before the Respondent attained the age of twenty-two. **[Describe, in detail, the nature, degree and origin of the disability.]**

(d) Autism, which originated before the Respondent attained the age of twenty-two.
[Describe, in detail, the nature, degree and origin of the disability.]

(e) Traumatic head injury.
[Describe, in detail, the nature, degree and origin of the disability.]

(f) A condition, which originated before the Respondent attained the age of twenty-two, found to be closely related to an intellectual disability, because such condition results in similar impairment of general intellectual functioning or adaptive behavior to that of intellectually disabled persons.
[Describe in detail the condition, and the nature, degree and origin of the disability.]

(g) Dyslexia resulting from a disability described in subdivision (a) through (f) or an intellectual disability which condition originated before the Respondent attained the age of twenty-two.
[Describe in detail the nature, degree and origin of the developmental disability or intellectual disability.]

7. [Check appropriate box]:

- The condition of the Respondent is permanent in nature or likely to continue indefinitely.
- The condition of the Respondent is not permanent in nature nor likely to continue indefinitely.

8. [Check appropriate box]:

- There are no circumstances warranting Respondent's nonappearance at the hearing required by the court.
- Respondent's presence at the hearing should be dispensed with because he/she is medically incapable of being present to the extent that attendance is likely to result in physical harm to the Respondent.
[Explain in detail.]

- Respondent's presence at the hearing should be dispensed with for the following reasons: **[Set forth facts and circumstances which would result in the court finding that the Respondent's presence at the hearing would not be in his/her best interest.]**

9. **[Check appropriate box for intellectually disabled person]:**

- Based upon the foregoing, it is my conclusion that the Respondent **is not capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.
- Based upon the foregoing, it is my conclusion that the Respondent **is capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.

10. **[Check appropriate box for a developmentally disabled person]:**

- Based upon the foregoing, it is my conclusion that the Respondent has a developmental disability, as defined in Section 1750-b(1) of the Surrogate's Court Procedure Act, which includes an intellectual disability, or results in a similar impairment of general intellectual functioning or adaptive behavior so that such person is incapable of managing himself or herself, and/or his or her affairs by reason of such developmental disability, and that the Respondent **is not capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.
- Based upon the foregoing, it is my conclusion that the Respondent **is capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.

Signature of Physician

Print Name

Dated: _____

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

-----X
Proceeding for the Appointment of a
Guardian for

**AFFIDAVIT (CERTIFICATION) OF EXAMINING
PHYSICIAN OR LICENSED PSYCHOLOGIST**

File No. _____

Pursuant to SCPA Article 17-A

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

I, _____, [Physician [Licensed Psychologist,
being duly sworn, deposes and says:

[PLEASE ANSWER ALL QUESTIONS]

- 1. My license number is : _____
- 2. My offices are located at: _____

- 3. My professional knowledge and/or background in the care and treatment of persons with [] intellectual disabilities
[] developmental disabilities is as follows:

4(a). I have examined the Respondent on: **[Set forth date(s).]**

(b). **[Check appropriate box(es) and explain where requested]:**

[] I have performed the following tests or evaluations of the Respondent. **[Set forth in detail the names of tests and/or evaluations, dates performed and results.]**

[] I have reviewed the following tests or evaluations performed on Respondent. **[Set forth in detail the names of tests and/or evaluations, dates performed, results and names of doctors who performed the tests and/or evaluations.]**

5. The mental and physical condition of the Respondent is as follows: **[Describe in detail.]**

6. **[Check appropriate box(es)]:**

INTELLECTUALLY DISABLED

- Based upon the foregoing, it is my conclusion the Respondent is an intellectually disabled person and in my opinion incapable of managing himself/herself and/or his/her affairs by reason of an intellectual disability. The nature and degree of the intellectual disability is as follows:

DEVELOPMENTALLY DISABLED

- Based upon the foregoing, it is my conclusion that the Respondent is developmentally disabled and in my opinion he/she has an impaired ability to understand and appreciate the nature and consequences of decisions, which results in Respondent being incapable of managing himself/herself and/or his/her affairs by reason of developmental disability, and whose disability is attributable to:

(a) Cerebral palsy, which originated before the Respondent attained the age of twenty-two. **[Describe, in detail, the nature, degree and origin of the disability.]**

(b) Epilepsy, which originated before the Respondent attained the age of twenty-two. **[Describe, in detail, the nature, degree and origin of the disability.]**

(c) Neurological impairment, which originated before the Respondent attained the age of twenty-two. **[Describe, in detail, the nature, degree and origin of the disability.]**

(d) Autism, which originated before the Respondent attained the age of twenty-two. **[Describe, in detail, the nature, degree and origin of the disability.]**

(e) Traumatic head injury. **[Describe, in detail, the nature, degree and origin of the disability.]**

(f) A condition, which originated before the Respondent attained the age of twenty-two, found to be closely related to an intellectual disability, because such condition results in similar impairment of general intellectual functioning or adaptive behavior to that of intellectually disabled persons. **[Describe in detail the condition, and the nature, degree and origin of the disability.]**

(g) Dyslexia resulting from a disability described in subdivision (a) through (f) or an intellectual disability which condition originated before the Respondent attained the age of twenty-two. **[Describe in detail the nature, degree and origin of the developmental disability or intellectual disability.]**

7. [Check appropriate box]:

- The condition of the Respondent is permanent in nature or likely to continue indefinitely.
- The condition of the Respondent is not permanent in nature nor likely to continue indefinitely.

8. [Check appropriate box]:

- There are no circumstances warranting Respondent's nonappearance at the hearing required by the court.
- Respondent's presence at the hearing should be dispensed with because he/she is medically incapable of being present to the extent that attendance is likely to result in physical harm to the Respondent. **[Explain in detail.]**

Respondent's presence at the hearing should be dispensed with for the following reasons: **[Set forth facts and circumstances which would result in the court finding that the Respondent's presence at the hearing would not be in his/her best interest.]**

9. [Check appropriate box for an intellectually disabled person]:

- Based upon the foregoing, it is my conclusion that the Respondent **is not capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.
- Based upon the foregoing, it is my conclusion that the Respondent **is capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.

10. [Check appropriate box for a developmentally disabled person]:

- Based upon the foregoing, it is my conclusion that the Respondent has a developmental disability, as defined in Section 1750-b(1) of the Surrogate's Court Procedure Act, which includes an intellectual disability, or results in a similar impairment of general intellectual functioning or adaptive behavior so that such person is incapable of managing himself or herself, and/or his or her affairs by reason of such developmental disability, and that the Respondent **is not capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.
- Based upon the foregoing, it is my conclusion that the Respondent **is capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b.1 of the Surrogate's Court Procedure Act.

Signature of Physician/Licensed Psychologist

Print Name

Sworn to before me this

_____ day of _____, _____

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

COMPLETE THIS SECTION BASED ON THE WHEREFORE
CLAUSE IN THE PETITION

File No. _____

SURROGATE'S COURT- COUNTY

17-A GUARDIANSHIP 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/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 Standby Guardian of the
 person
 property
 person and property
 limited guardianship of the property
of _____ should not be granted;

why the appointment of _____ as First 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;

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(s) 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. A health care decision may include a decision to
withhold or withdraw life-sustaining treatment as defined in Section 1750-b(1) of the Surrogate's Court Procedure Act.

[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. If you fail to appear it will be assumed you do not
object to the relief requested. You have a right to have an attorney appear for you.]

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REQUEST FOR INFORMATION GUARDIANSHIP FORM
(FOR COURT USE ONLY)

SCR USE ONLY:
Request I.D. #
Date of request: / /

Section 1706 of the Surrogate's Court Procedure Act and Section 81.19(g) of the Mental Hygiene Law require that an inquiry be made of the New York Statewide Central Register of Child Abuse and Maltreatment as to whether the proposed guardian or any other individual eighteen years of age or over who resides in the home of the proposed guardian is a subject of an indicated child abuse or maltreatment report.

RESOURCE ID #	COURT LIAISON	AREA CODE/PHONE # () -
DOCKET FILE #	COURT NAME AND ADDRESS	ZIP CODE

INFORMATION CONCERNING PROPOSED GUARDIAN(S) AND MEMBERS OF THE HOUSEHOLD - Please Print Clearly.
Complete each column for every household member regardless of age. The proposed guardian(s) are listed first with maiden name or alias listed directly below each individual. If there is no maiden name or alias for that individual please write "NONE" in the row underneath that individual's name. For all other household members, indicate his/her relationship to the guardian in the second column using the relationship to guardian code on the reverse of this form. List the maiden name or alias for that household member in the row below their name indicating maiden or alias or "NONE" if applicable.

RELATIONSHIP TO GUARDIAN CODES: (see page 2 for codes)	LAST NAME (Please print clearly)	FIRST NAME (Please print clearly)	MI	SEX	DATE OF BIRTH (mm/dd/yyyy)
(G) Guardian				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
(M) Maiden/alias				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /

Please provide your **CURRENT ADDRESS** and any **PREVIOUS ADDRESSES** at which you have resided over the **last 28 years**, including **CITY, STATE, and ZIP CODE** for **each individual** being cleared. Include month/year in the FROM and TO columns. Attach additional pages if necessary.

CURRENT ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /

ADDRESS HISTORY FOR OTHER PERSON(S) 18 YEARS OLD OR OLDER, RESIDING WITH PROPOSED GUARDIAN.
Include month/year in the FROM and TO columns. Attach additional pages if necessary.

LAST NAME & MAIDEN/ALIAS	FIRST NAME	MI
CURRENT STREET ADDRESS	CITY	STATE ZIP
PREVIOUS STREET ADDRESS	CITY	STATE ZIP
PREVIOUS STREET ADDRESS	CITY	STATE ZIP
PREVIOUS STREET ADDRESS	CITY	STATE ZIP
PREVIOUS STREET ADDRESS	CITY	STATE ZIP
PREVIOUS STREET ADDRESS	CITY	STATE ZIP

In order to complete the 3909-form you will need to list the names and addresses of the household of the proposed guardian(s). The court requires the residential history for the last 28 years starting from present date and working backwards. The names of the proposed guardian(s) are listed first, followed by the maiden name, if applicable. If there is no maiden name, then write the word "none".

Our mock family information is as follows:

The family is made up of two proposed guardians (the mother and father of the proposed ward), the uncle of the proposed ward and the proposed ward himself. These individuals all live in the same household.

(Mother of the proposed ward – DOB 06/27/1977)

Name: Maria Doe and her maiden name is Maria Smith

Her addresses for the last 28 year are as follows:

- 123 Safe Drive, Staten Island, N.Y. 10314 6/2010 – present date
- 58 Guardianship Drive, Staten Island, N.Y. 10301 10/2009-06/2010
- 220 Littletown Road, Brooklyn, N.Y. 11218 05/2007-10/2009
- 345 18th Street, Brooklyn, N.Y. 11218 02/2004-05/2007
- 5 Judge Street, Brooklyn, N.Y. 11218 09/1992-02/2004

(Father of the proposed ward – DOB 12/31/1969)

John Doe

- 123 Safe Drive, Staten Island, N.Y. 10314 6/2010 – present date
- 58 Guardianship Drive, Staten Island, N.Y. 10301 10/2009-06/2010
- 220 Littletown Road, Brooklyn, N.Y. 11218 01/1992-10/2009

(Uncle of the proposed ward – DOB 01/01/1970)

Jack Doe

- 123 Safe Drive, Staten Island, N.Y. 10314 6/2010 – present date
- 58 Guardianship Drive, Staten Island, N.Y. 09/1992-06/2010

(Proposed ward – DOB – 12/31/2009)

Michael Doe

- 123 Safe Drive, Staten Island, N.Y. 10314 6/2010 – present date
- 58 Guardianship Drive, Staten Island, N.Y. 12/2009-06/2010

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REQUEST FOR INFORMATION GUARDIANSHIP FORM
(FOR COURT USE ONLY)

SCR USE ONLY:
Request I.D. #

Date of request:
/ /

Section 1706 of the Surrogate's Court Procedure Act and Section 81.19(g) of the Mental Hygiene Law require that an inquiry be made of the New York Statewide Central Register of Child Abuse and Maltreatment as to whether the proposed guardian or any other individual eighteen years of age or over who resides in the home of the proposed guardian is a subject of an indicated child abuse or maltreatment report.

RESOURCE ID #	COURT LIAISON	AREA CODE/PHONE # () -
DOCKET FILE #	COURT NAME AND ADDRESS	ZIP CODE

INFORMATION CONCERNING PROPOSED GUARDIAN(S) AND MEMBERS OF THE HOUSEHOLD - Please Print Clearly.
Complete each column for every household member regardless of age. The proposed guardian(s) are listed first with maiden name or alias listed directly below each individual. If there is no maiden name or alias for that individual please write "NONE" in the row underneath that individual's name. For all other household members, indicate his/her relationship to the guardian in the second column using the relationship to guardian code on the reverse of this form. List the maiden name or alias for that household member in the row below their name indicating maiden or alias or "NONE" if applicable.

RELATIONSHIP TO GUARDIAN CODES: (see page 2 for codes)	LAST NAME (Please print clearly)	FIRST NAME (Please print clearly)	MI	SEX	DATE OF BIRTH (mm/dd/yyyy)
(G) Guardian				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
(M) Maiden/alias				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /

Please provide your CURRENT ADDRESS and any PREVIOUS ADDRESSES at which you have resided over the last 28 years, including CITY, STATE, and ZIP CODE for each individual being cleared. Include month/year in the FROM and TO columns. Attach additional pages if necessary.

CURRENT ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /

ADDRESS HISTORY FOR OTHER PERSON(S) 18 YEARS OLD OR OLDER, RESIDING WITH PROPOSED GUARDIAN.
Include month/year in the FROM and TO columns. Attach additional pages if necessary.

LAST NAME & MAIDEN/ALIAS	FIRST NAME	MI
CURRENT STREET ADDRESS	CITY	STATE ZIP FROM (mo/yr) TO (mo/yr) / / / /
PREVIOUS STREET ADDRESS	CITY	STATE ZIP FROM (mo/yr) TO (mo/yr) / / / /
PREVIOUS STREET ADDRESS	CITY	STATE ZIP FROM (mo/yr) TO (mo/yr) / / / /
PREVIOUS STREET ADDRESS	CITY	STATE ZIP FROM (mo/yr) TO (mo/yr) / / / /
PREVIOUS STREET ADDRESS	CITY	STATE ZIP FROM (mo/yr) TO (mo/yr) / / / /
PREVIOUS STREET ADDRESS	CITY	STATE ZIP FROM (mo/yr) TO (mo/yr) / / / /

RESOURCE ID #	Record Resource ID # as appropriate. If you need assistance, email: mailto:ocfs.sm.conn_app@ocfs.ny.gov
DOCKET/FILE #:	Record your Court Docket File # as appropriate.
COURT LIAISON:	Record Name of Court Liaison.
Relationship to Guardian Codes: (list the code and/or the relationships appropriate)	G – Guardian(s) (at least one person must be designated) M – Maiden name/alias (must be completed for every guardian) E – 18-year-old or older (residing in a proposed guardian’s household) F – Family member (under 18 years of age) O – Other household member (under 18 years of age)
Mail your completed OCFS-3909, Request for Information Guardianship Form to the: New York Statewide Central Register of Child Abuse and Maltreatment, Attn: Service Center Unit P.O. Box 4480, Albany, N.Y. 12204-0480	For questions regarding how to fill out the OCFS-3909, Request for Information Guardianship Form call: <p style="text-align: center;">(518-474-1567)</p>

To order a supply of the form, **OCFS-3909, Request for Information Guardianship**: Please access and completely fill out form **OCFS-4627, Request for Forms and Publications** from the Internet: <http://ocfs.ny.gov/main/documents/defaultkeyword1.asp>

Mail your completed **OCFS-4627, Request for Forms and Publications** to the: **Office of Children and Family Services, Mailroom, 52 Washington Street, Rensselaer, NY 12144**. If you have difficulty accessing the form from the web-site, you can call the **Forms Request Line** at: **518-473-0971** and leave a detailed message to receive one.

ADDITIONAL ADDRESSES

LAST NAME		FIRST NAME				M.I.
CURRENT STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /	
LAST NAME		FIRST NAME				M.I.
CURRENT STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM (mo/yr) /	TO (mo/yr) /	

skip a line in between a new name

