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/petition(s) to scheduled 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.

COL	ROGATE'S COURT OF THE STATE OF NEW		Filing Fee Paid \$ Certs \$	
Prod	ceeding for the Appointment of a Irdian for	^	Certs \$ \$Bond, Fee \$ Receipt No:No:	
	suant to SCPA Article 17-A	v	PETITION FOR APPOINTMENT OF GUARDIAN OF [] PERSON [] PROPERTY [] PERSON AND PROPERTY [] LIMITED GUARDIAN OF THE PROP	'ERTY
			File No.	
ТОТ	THE SURROGATE'S COURT OF THE COUNTY OF			
	It is respectfully alleged:			
1.	The name, permanent address, date of birth relationship to the [] intellectually disabled Respondent) is as follows:	-		
Nam	ne:	Teleph	none Number:	
Perr	manent Address or Corporate Office:	(Street a	and Number)	
	(City, Village, Town)	(State)	(Zip Code)	
	Mailing Address:			
		lifferent from permanent		
Date	e of Birth:	Interest/Relatio	nship to Respondent:	
Nam	ne:	Telep	hone Number:	
Perr	nanent Address or Corporate Office:	(Stroot	and Number)	
	(City, Village, Town)	(State)	(Zip Code)	
	Mailing Address:(If c	lifferent from permanent	address)	
Date	e of Birth:	Interest/Relatior	ship to Respondent:	
2(a)	. The name, permanent address, date of birth ar	nd marital status of t	the Respondent of this proceeding is as fol	llows:
Nam	1e:			
Perr	nanent Address:	(Street and Numb		
	(City, Village, Town)		(State) (Zip Code	=)
	Mailing Address:(If c	lifferent from permanent	address)	
Date	e of Birth: ch certified copy of birth certificate.]	Marital Status:		
latta	ch 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 hom	e or facility				
	, Address of group ho	, Address of group home or facility				
	, Name of Director of	group home or facility				
	, Address of Director of	of group home or facility				
	, Name of the Directo	r of the Mental Hygiene Legal Service				
	, Address of the Direc	tor of the Mental Hygiene Legal Service				
-	s of the parents of the Responden ased give date of death and compl	t and, if the Respondent is married, the ete Number 6]				
Name of Parent:	Date of Birth:	Date of Death:				
Permanent Address:	(Street and Numbe					
	(Street and Numbe	r)				
(City, Village, Town) Mailing Address:	(State)	(Zip Code)				
	(If different from permanent address)					
Name of Parent:	Date of Birth:	Date of Death:				
Permanent Address:	(Street and Numbe	······				
	(Street and Numbe	r)				
(City, Village, Town) Mailing Address:	(State)	(Zip Code)				
5	(If different from permanent address)					
Name of Spouse:	Date of Birth:	Date of Death:				
Permanent Address:						
	(Street and Numbe	r)				
(City, Village, Town) Mailing Address:	(State)	(Zip Code)				
	(If different from permanent address)					
4. The names of the adult children and adu [Add rider if necessary.]	It siblings, eighteen (18) years of age	or older, of the Respondent are as follows				
Name:	Relation	onship to Respondent:				
Permanent Address:						
	(Street and Numbe	er)				
(City, Village, Town) Mailing Address:	(State)	(Zip Code)				
	(If different from permanent address)					

Name: Relationship to Respondent:		ip to Respondent:
Permanent Address:	(Street and Number)	
	(Street and Number)	
(City, Village, Town)	(State)	(Zip Code)
Mailing Address:	(If different from permanent address)	
Name:	Relationsh	ip to Respondent:
Permanent Address:		
	(Street and Number)	
(City, Village, Town)	(State)	(Zip Code)
Mailing Address:	(If different from permanent address)	
Name:	Relationsh	ip to Respondent:
Permanent Address:	(Street and Number)	
(City, Village, Town)	(State)	(Zip Code)
Mailing Address:	(If different from permanent address)	
Name of primary care physician:	(Street and Number)	
(City, Village, Town)	(State)	(Zip Code)
6. If the Respondent's parents are bo- live within the State of New York. [th deceased, list the names and addresses of t If not applicable, so state.]	the nearest distributees of full age who
Name	Permanent Address	Relationship
 7. The name and address of the pers care and custody, if other than the pare 	son(s) with whom the Respondent resides and nts or spouse:	/or the person(s) charged with his/her
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.

T 1 1 1		1 I II II	r ,

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.]
- [] Petitioner(s) (is/are) requesting appointment of a guardian(s) of the Respondent's person and allege(s) the (a) Petitioner(s) (is/are) motivated solely by the best interest of the Respondent for the reasons set forth below: [] Petitioner(s) (is/are) requesting appointment of a guardian(s) of the Respondent's property and allege(s) that (b) 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.] Gross Value \$_____ Location of Property_____ Annual Income \$ Respondent's Interest_____ [] 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 Psyc	hologist dated:	
are Sec pro	used, at least one certification tion 1750 or Section 1750-a.	n must evidence special quali At least one certification mu	fications to make the st evidence that the p	tions of two licensed physicians certification as set forth in SCPA ohysician is familiar with or has oility or developmental disability,
13.	[If application for a limited g	uardian of the property] Res	pondent is over the age	e of 18 years and is employed by
		, located	at	
	(Street/Number)	(City, Village/Town)	(State)	(Zip Code)
and	is wholly or substantially self su	upporting by means of his/her w	ages or earnings from	employment.
14.	The names, permanent addre	sses, dates of birth and relation	nship of the guardian(s)	is/are:
	(a) Name of Guardian, if o	ther than Petitioner:		
	Permanent Address:	(Street and	I Number)	
	(City, Village, Town) Date of Birth:	(State) Interest/Relatio		(Zip Code)
	Education:		Qualifications:	
to b	i	 person property person and property limited guardian of the property 	erty	

Name of Guardian, if other the	an Petitioner:	
Permanent Address:		
	(Street and Number)	
(City, Village, Town) Date of Birth:	(State) Interest/Relationship to Res	(Zip Code) pondent:
Education:	Qualifications:	
to be appointed Guardian of the [] pers [] prop [] pers	son	
(b) Name of the Standby Guardia	an:	
Permanent Address:	(Street and Number)	
	(State)	
		pondent:
Education:	Qualifications	:
(c) Name of the First Alternate S Permanent Address:		
	(Street and Number)	
(City, Village, Town) Date of Birth:	(State) Interest/Relationship to Rest	(Zip Code) pondent:
Education:	Qualifications:	
to be appointed First Alternate Standby G	uardian of the [] person [] property [] person and prope [] limited guardian c	
(d) Name of the Second Alternate	e Standby Guardian:	
Permanent Address:	(Street and Number)	
(City, Village, Town) Date of Birth:	(State) Interest/Relationship to Resp	(Zip Code) pondent:
Education:	Qualifications:	
to be appointed Second Alternate Standby		perty

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]

WН	EREFORE, your Petitioner(s) respectfully request(s) that: [Check	k 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 entit persons who have not waived the issuance of same requiring them to	
(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 mak needs of the Respondent and to render consent to any medical welfare of the Respondent unless the court directs otherwise. A health withdraw life-sustaining treatment treatment as defined in Section	procedures which are necessary to the health and care decision may include a decision to withhold or
(a)	The guardian(s) of the property be directed to collect and receive all me	nove and other property of the Respondent jointly with a

(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	o 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)
(Signature of Petitioner)	(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.:	
(Signature of Petitioner)	(Signature of Petitioner)
(Print Name)	(Print Name)
(Find Name)	(i fint 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:	

COMBINED OATH & DESIGNATION

[For use when Petitioner is an individual]

)) ss.:			
		being duly sworn, d	eposes and says:	
duties of such g (developmentall	uardian: That I am acqui y disabled) person and ha	ainted with the estate of said (ave read the statement containe	intellectually disa d in the foregoing	bled) petition as to the
process issuing	County, and from such Surrogate's C	I his/her successor in office, a ourt may be made in like mann	as a person on wl er and with like eff	hom service of any fect as if it were
nent address is:	(Street Address)	(City, Town, Village)	(State)	(Zip Code)
ment address is:	(Street Address)	(City, Town, Village)	(State)	(Zip Code)
nature of Proposed	Guardian)	(Signature	of Proposed Gua	ardian)
t Name)		(Print Nan	ne)	
		,	, before	me personally came
	duties of such g (developmentall estimated value DESIGNATION (OF) ss.: OATH OF GUARDIAN: I am over eighteen duties of such guardian: That I am acqu (developmentally disabled) person and ha estimated value of same, and believe sam DESIGNATION OF CLERK FOR SERVICI County, and process issuing from such Surrogate's C served personally upon me, whenever I of ment address is: (Street Address) ment address is: (Street Address) ment address is: (Street Address)	OF	OF) ss.:

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]

	F NEW YORK) OF) ss.:
l, the unde	rsigned, a of (Title)
	(Name of Corporation) ion 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 to me know	, before me personally came, wn, who duly swore to the foregoing instrument and which did say that he/she resides at
that he/she	and that he/she is a of the corporation described in and which executed such instrument, and e signed his/her name thereto by order of the Board of Directors of the corporation.
	olic on Expires: ry Stamp or Seal)

COU	ROGATE'S COURT OF THE STATE OF NEW YORK NTY OF	
Proce	eeding for the Appointment of a dian for	AFFIDAVIT OF PROPOSED GUARDIAN OF THE [] PERSON [] PROPERTY [] PERSON AND PROPERTY [] LIMITED GUARDIAN OF THE PROPERTY
	uant to SCPA Article 17-A	
STAT	TE OF NEW YORK) NTY OF)ss.:	File No
To th	e Surrogate's Court, County of	
The ι	undersigned	, being duly sworn, deposes and says:
1. be ap	I am a competent person over the age of eighteen (18 pointed guardian of [] an intellectually disabled person) years, and I submit this affidavit in support of my petition to [] a developmentally disabled person.
2. follow	ving: [State relationship if any.]	by reason of the
3. other	I reside at resident members of the household are: [Include all per	, and the
4.	My educational background is as follows:	
5.	Not including minor traffic offenses and adjudications a (a) I have never been convicted of an offense against th	as a youthful offender or juvenile delinquent, ne 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. duties o	I have no physical or mental impairment, or medical condition, which would interfere with my ability to perform the 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 ______

Proceeding for the Appointment of a Guardian for

AFFIDAVIT (CERTIFICATION) OF EXAMINING PHYSICIAN OR LICENSED PSYCHOLOGIST

	File No
	to SCPA Article 17-A X
STATE COUNT	F NEW YORK) OF) ss.:
	,[]Physician []Licensed Psychologist,
being du	v sworn, deposes and says:
	[PLEASE ANSWER ALL QUESTIONS]
	My license number is :
	My offices are located at:
	·, •
	y professional knowledge and/or background in the care and treatment of persons with [] intellectual disabilities] developmental disabilities is as follows:
	(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	appro	priate	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:

[] 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) SURROGATE'S COURT OF THE STATE OF NEW YORK COUNTY OF ______

Proceeding for the Appointment of a Guardian for

AFFIRMATION (CERTIFICATION) OF EXAMINING PHYSICIAN

Duraua	nt to	0004	Article 1	7 ^					File	No							
			Article 1 YORK				X										
COUN		F	IUKK)	SS.:												
medici	I, ne in	the St	ate of Ne	w York	, under	penalty	y of perj	ury affi	rms as	follows	3:	_, a ph	ysician	duly	license	d to p	ractice
[PLEA	SE A	NSWE	ER ALL C	≀UEST	IONS]												
	1.	Mylio	censenur	nberis	:												
	2.	Муо	ffices are	located	d at:												
	3.		professior pilities [-		-			are an	id trea	tment	of pers	sons w	ith [] intel	lectual
	 4(a)	. 11	have exa	mined [·]	the Res	ponder	nt on: [S	et fort	h date	(s).]							
	(b).	[Che	ck appro	opriate	box(es	and e	explain	where	reque	sted]:							
		[]	•				g tests o ates per				-	ndent.	[Set fo	rth in o	detail	the nar	nes of
		[]		oftest		r evalu	ations,										
		[]	l have r names	reviewe of test	ed the fo	bllowing r evalu	g tests o iations,	or evalu	uations	perfor	med o						

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

6. [Check a	ppropriate box(es)]:					
INTELLECT	UALLY DISABLED					
[]	Based upon the foregoing, it is my conclusion the Respondent is an intellectually disabled person in my opinion incapable of managing himself/herself and/or his/her affairs by reason of intelle disability. The nature and degree of the intellectual disability is as follows:					
DEVELOP	IENTALLY 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.]					

[](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 t 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.]

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 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 (City, Village, Town) (Street and Number) (Zip Code) (State) 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 COUNTY OF) ss.:)	
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)

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 requ	uested in the petition and my appointment as
[] standby guardian [] first alternate standby guardian [] se of the [] person	cond alternate standby guardian

[] 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.

/ly permanent address is :				
	(Street Address)	(City/Town/Village)	(State)	(Zip)
		(Signatur	e of Proposed Gua	ardian)
		(Print Na	me)	
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)

File	No.	

	SURROGATE'S COURT-	COUNTY	
	17-A GUARDIANSHI	IP CITATION	
	THE PEOPLE OF THE STA		
TO:	By the Grace of God Free	e and Independent	
YOU ARE HEREBY CIT	ED TO SHOW CAUSE before the , New York , on	Surrogate's Court,	County, , , , at
o'clock in the	noon of that day, why letters of	guardianship of the	
 [] person [] property [] person and property [] limited guardianship of the pof 			;
why the appointment of		as Standby (Guardian of the
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of			
why the appointment of [] person [] property [] person and property [] limited guardianship of the p of	property	as First Alternate S	tandby Guardian of the
why the appointment of [] person [] property [] person and property [] limited guardianship of the p of	property	as Second Alternate	Standby Guardian of the
and why the appearance of Res and why the guardian(s) of the medical and dental needs of the health and welfare of the Respon	person should not be authorized a Respondent and to render conse indent, unless the court directs othe	uld not be required at the hearing; and empowered to make all decis ent to any medical procedures wh erwise. A health care decision ma tion 1750-b(1) of the Surrogate's f requested]	sions with respect to the ich are necessary to the y include a decision to
Dated, Attested and Sealed,		HON.	
,, _,, _		Surrogate	
			, Chief Clerk
Attorney for Petitioner(s):		Telephone Number:	
· · · · · · · · · · · · · · · · · · ·			

[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.] GMD-7 (4/2018)

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.

	LATIONSHIP O GUARDIAN CODES: (see ge 2 for codes)	LAST NAME (Please print clea		FIRST NAN (Please print cl		P	AI SEX		E OF BI m/dd/yy	
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* ADDITIONAL SPACE PROVIDED ON REVERSE SIDE OF FORM

OCFS-3909 (Rev. 10/2016) REVERSE

and Maltreatment, Attn: Service Center Unit P.O. Box 4480, Albany, N.Y. 12204-0480

RESOURCE ID #	Record Resource ID # as appropriate. If you n	eed assistance, email: <u>mailto:ocfs.sm.conn_app@ocfs.ny.gov</u>
DOCKET/FILE #:	Record your Court Docket File # as appropriat	8.
COURT LIAISON:	Record Name of Court Liaison.	
Relationship to Guardian Codes: (list the code and/or the relationshipas appropriate)	 G – Guardian(s) (at least one person must be M – Maiden name/alias (must be completed fo E – 18-year-old or older (residing in a propose F – Family member (under 18 years of age) O – Other household member (under 18 years) 	r every guardian) d guardian's household)
Guardianship For New York Statewie	d OCFS-3909, <i>Request for Information</i> <i>n</i> to the: le Central Register of Child Abuse	For questions regarding how to fill out the OCFS-3909, Request for Information Guardianship Form call: (518-474-1567)

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: <u>http://ocfs.ny.gov/main/documents/defaultkeyword1.asp</u>

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.

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OCFS-3909 (Rev. 10/2016) REVERSE

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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

בייניים גלל ידיי די ייקט אינטיאיט אינטיאט בי אווי דער אינטייי

ointment 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:

	R	VER RENJA
FILE #	}	LEFT
Last Name		
First Name	Middle Nam)e
Date of Birth – (YEAR)	(MONTH)	(DAY)
Sex-M or F		
Hair Color – BALD BLACK	BLONDE BROWN GI	RAY WHITE ORANGE RED
Eye Color - BLUE GREEN	HAZEL BROWN G	RAY PINK OTHER
HEIGHT	WEIGHT	
RACE- ASIAN/PACIFIC ISLAND	DER NATIVE AMERICAN	N BLACK WHITE OTHER
State/Country of Birth		
Country of Citizenship		
Social Security Number		
Address		7:- Code
City	State	Zip Code

Ce	erts \$	
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APPOINTMEN [] PERSON [] PROPER	T OF GUARDIAN OF	Which are yo seeking?
[] LIMITED	GUARDIAN OF THE PR	
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$2(b)$. [\sim] The Respondent is not admitted to a Hygiene Law.	group home or facility as defined in Sectio	n 1.03 and/or Article 15 of the Mental
[] The Respondent has been admitted Mental Hygiene Law.	to a group home or facility as defined in	Section 1.03 and/or Article 15 of the
`	, Name of group home or fa	cility
	, Address of group home or	facility
	, Name of Director of group	home or facility
	, Address of Director of grou	ıp home or facility
	, Name of the Director of the	Mental Hygiene Legal Service
	, Address of the Director of t	the Mental Hygiene Legal Service
3. The names and permanent addresses Respondent's spouse are: [If deceas	ed give date of death and complete Nu	umber 6]
Name of Parent: 1st parent	Date of Birth: <u>parent</u>	_ Date of Death: <u>if_applica</u> ble
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:	_ Date of Death: <u>if_applic</u> able
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: <u>if applicable-if</u> write N/A	not Date of Birth:	_ Date of Death:
Permanent Address:	(Street and Number)	
(City, Village, Town)	(State)	(Zip Code)
Mailing Address:	(If different from permanent address)	<u></u>
4. The names of the adult children and adult [Add rider if necessary.]	siblings, eighteen (18) years of age or olde	er, of the Respondent are as follows: —
.Name: 1st sibling if applica	bleRelationship	to Respondent:brother/sister
Permanent Address: <u>complete this</u>	section if applicable. (Street and Number)	If not, write N/A
(City, Village, Town)	(State)	(Zip Code)
Mailing Address:	(If different from permanent address)	

.

2.	Name:	2nd	sibling	
----	-------	-----	---------	--

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L.

_____ Relationship to Respondent: <u>brother/si</u>ster

Post 6.	live within the State of New York. [If n Name If parents are both of If so, those are the applicable, write N/2	(Street and Numbe (State) deceased, list the names and addresse not applicable, so state.] Permanent Address <u>deceased, does the resp</u> nearest distributees. A	
Post	(City, Village, Town) If the Respondent's parents are both live within the State of New York. [If n Name If parents are both If so, those are the	(Street and Number (State) deceased, list the names and addresse not applicable, so state.] Permanent Address <u>deceased, does the resp</u> nearest distributees.	(Zip Code) s of the nearest distributees of full age w Relationship pondent have any sibling
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Post	(City, Village, Town) If the Respondent's parents are both live within the State of New York. [If Name 	(Street and Numbe (State) deceased, list the names and addresse not applicable, so state.] Permanent Address deceased, does the resp	(Zip Code) s of the nearest distributees of full age w Relationship pondent have any sibline
Post	(City, Village, Town) If the Respondent's parents are both live within the State of New York. [If i Name	(Street and Number (State) deceased, list the names and addresse not applicable, so state.] Permanent Address	r) (Zip Code) s of the nearest distributees of full age w Relationship
Post	(City, Village, Town) If the Respondent's parents are both	(Street and Numbe (State) deceased, list the names and addresse	(Zip Code)
		(Street and Numbe	er)
	Office Address:	(Street and Numbe	
	Office Address		
	ie of primary care physician: <u>plea</u> :	se provide	
5.	petition:		an having submitted a certification with t
	· · · · · · · · · · · · · · · · · · ·	(If different from permanent address)	
	(City, Village, Town) Mailing Address:	(State)	(Zip Code)
~ern	nanent Address:	(Street and Number	er)
			onship to Respondent:
		(If different from permanent address)	
	(City, Village, Town) Mailing Address:	(State)	(Zip Code)
		(Street and Numbe	
Nam	ie:	Relation	onship to Respondent:
	Mailing Address:		· · · · · · · · · · · · · · · · · · ·
	(City, Village, Town)	(State)	(Zip Code)

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 t	he above	statement.	If	any	of	these	individuals	are	appl	<u>yi</u> n	g

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 property only.]
 Check off ____1 person or 2?
 - (a) [v] 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:

s 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.]

	<u> </u>			
				<u></u>
et	applicable choice			
(12.	Respondent has been duly ce] intellectual disability [] e efinitely, as shown by the certifie	ertified as a person incapabl	e of managing himself/he nd such condition is perm	rself and/or his/ her affairs b anent in nature or likely to
`	me of physician			
<u>nar</u>	me of physician	Physician/Licensed	Psychologist dated:	
prof	tion 1750 or Section 1750-a. fessional knowledge in the ca appropriate.]	re and treatment of persor	ns with an intellectual dis	sability or developmental d
	[If application for a limited g			
	[If application for a limited g			nge of 18 years and is emplo
	[If application for a limited g			
13.	[If application for a limited g	, loc (City, Village/Town)	ated at(State)	(Zip Code)
13. and	[If application for a limited g (Street/Number) is wholly or substantially self s	(City, Village/Town) (City by means of his/I	ated at(State) ner wages or earnings fro	(Zip Code) m employment.
13. and	[If application for a limited g (Street/Number) is wholly or substantially self s The names, permanent addre	(City, Village/Town) (City, Village/Town) supporting by means of his/l esses, dates of birth and re	ated at(State) ner wages or earnings fro lationship of the guardian	(Zip Code) m employment. (s) is/are:
13. and	[If application for a limited g (Street/Number) is wholly or substantially self s The names, permanent addre	(City, Village/Town) (City, Village/Town) supporting by means of his/l esses, dates of birth and re	ated at(State) ner wages or earnings fro lationship of the guardian	(Zip Code) m employment.
13. and	[If application for a limited g (Street/Number) is wholly or substantially self s The names, permanent addre	(City, Village/Town) upporting by means of his/l esses, dates of birth and re other than Petitioner:	ated at(State) ner wages or earnings fro lationship of the guardian	(Zip Code) m employment. (s) is/are:
13. and	[If application for a limited g (Street/Number) is wholly or substantially self s The names, permanent addre (a) Name of Guardian, if o Permanent Address:	, loc (City, Village/Town) supporting by means of his/l esses, dates of birth and re other than Petitioner: (Stre	ated at(State) ner wages or earnings fro lationship of the guardian et and Number)	(Zip Code) m employment. (s) is/are:
13. and	[If application for a limited g (Street/Number) is wholly or substantially self s The names, permanent addre (a) Name of Guardian, if o	, loc (City, Village/Town) supporting by means of his/l esses, dates of birth and re other than Petitioner: (Stre (Stat	ated at(State) ner wages or earnings fro lationship of the guardian et and Number) e)	(Zip Code) m employment. (s) is/are: (Zip Code)
13. and	[If application for a limited g (Street/Number) is wholly or substantially self s The names, permanent addre (a) Name of Guardian, if o Permanent Address:	(City, Village/Town) supporting by means of his/l esses, dates of birth and re other than Petitioner: (Stre (Stat	ated at(State) ner wages or earnings fro lationship of the guardian et and Number) e) elationship to Responder	(Zip Code) im employment. (s) is/are: (Zip Code)
13. and 14.	[If application for a limited g (Street/Number) is wholly or substantially self s The names, permanent addre (a) Name of Guardian, if o Permanent Address:	(City, Village/Town) supporting by means of his/l esses, dates of birth and re other than Petitioner: (Stre (Stat 	ated at(State) ner wages or earnings fro lationship of the guardian et and Number) e) elationship to Responder	(Zip Code) im employment. (s) is/are: (Zip Code)
13. and 14.	[If application for a limited g (Street/Number) is wholly or substantially self s The names, permanent addre (a) Name of Guardian, if o Permanent Address:	(City, Village/Town) supporting by means of his/l esses, dates of birth and re other than Petitioner: (Stre 	ated at(State) ner wages or earnings fro lationship of the guardian et and Number) e) elationship to Responder	(Zip Code) im employment. (s) is/are: (Zip Code)

Permanent Address:	(Street and Number)	
	(Street and Number)	
(City, Village, Town) Date of Birth:	(State) (Zip Code) Interest/Relationship to Respondent:	
Education:	Qualifications:	·····
[]	person property person and property imited guardian of the property	
	the person who steps up if one or both	
(b) Name of the Standby Gua	rdian: 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:	
	 [] person and property [] limited guardian of the property 	
(c) Name of the First Alterna Permanent Address:	[] limited guardian of the property te Standby Guardian: steps up after standby	
	[] limited guardian of the property te Standby Guardian: steps up after standby (Street and Number)	
Permanent Address:	[] limited guardian of the property te Standby Guardian: steps up after standby (Street and Number) (State) (Zip Code)	
Permanent Address: (City, Village, Town) Date of Birth:	[] limited guardian of the property te Standby Guardian: steps up after standby (Street and Number) (State) (Zip Code) Interest/Relationship to Respondent:	
Permanent Address: (City, Village, Town) Date of Birth: Education:	[] limited guardian of the property te Standby Guardian: steps up after standby (Street and Number) (State) (Zip Code) Interest/Relationship to Respondent: Qualifications:	
Permanent Address: (City, Village, Town) Date of Birth: Education:	[] limited guardian of the property te Standby Guardian: steps up after standby (Street and Number) (State) (Zip Code) Interest/Relationship to Respondent: Qualifications:	
Permanent Address: (City, Village, Town) Date of Birth: Education: e appointed First Alternate Standb (d) Name of the Second Alter	[] limited guardian of the property te Standby Guardian: steps up after standby (Street and Number) (State) (Zip Code) Interest/Relationship to Respondent: Qualifications: Qualifications: y Guardian of the [] person [] property [] person and property [] limited guardian of the property [] limited guardian of the property anate Standby Guardian: steps up after 1st alternate s	
Permanent Address: (City, Village, Town) Date of Birth: Education: the appointed First Alternate Standb (d) Name of the Second Alter	[] limited guardian of the property te Standby Guardian: steps up after standby (Street and Number) (State) (Zip Code) Interest/Relationship to Respondent: Qualifications: Qualifications: y Guardian of the [] person [] property [] person and property [] limited guardian of the property [] limited guardian of the property anate Standby Guardian: steps up after 1st alternate s	
Permanent Address: (City, Village, Town) Date of Birth: Education: re appointed First Alternate Standb	[] limited guardian of the property te Standby Guardian: steps up after standby (Street and Number) (State) (Zip Code) Interest/Relationship to Respondent: Qualifications: Qualifications: y Guardian of the [] person [] property [] person and property [] limited guardian of the property [] limited guardian of the property anate Standby Guardian: steps up after 1st alternate s	
Permanent Address: (City, Village, Town) Date of Birth: Education: e appointed First Alternate Standb (d) Name of the Second Alter Permanent Address: (City, Village, Town)	[] limited guardian of the property te Standby Guardian: steps up after standby (Street and Number) (State) (Zip Code) Interest/Relationship to Respondent: Qualifications: Qualifications: y Guardian of the [] person [] property [] person and property [] limited guardian of the property [] limited guardian of the property anate Standby Guardian: steps up after 1st alternate s	tanc
Permanent Address:	[] limited guardian of the property te Standby Guardian: steps up after standby (Street and Number) (State) (Zip Code) Interest/Relationship to Respondent: Qualifications: Qualifications: y Guardian of the [] person [] property [] person and property [] limited guardian of the property nate Standby Guardian: steps up after 1st alternate s (Street and Number) (State) (Zip Code)	tand

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15.	[Chec	k ap	propriate box]:
	[]	(a)	Respondent is able to attend the hearing to be scheduled by the court.
select)	[]	(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]
\leq	[]	(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 Read person appointed pursuant to Section 384 or 384-b of the Social Services Law.

- -select one 17. Petitioner(s) [V] has/have [V] 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:
 - Is the subject of a report filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant to a. the rules of Child Protective Services, following an investigation which determines that some credible evidence of alleged abuse or maltreatment exists, and/or
 - Has been the subject of or the Respondent in a Child Protective Proceeding commenced pursuant to law, which b. 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 \neg 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] person [] property select [] person and property one [] limited guardianship of the property of the Respondent be granted to <u>petitioner; guardian</u> (b) Appointment of _ name as <u>Standby Guardian of</u> the] person [] property select [] person and property one [] limited guardianship of the property of the Respondent _____ as First Alternate Standby Guardian of the (c) Appointment of <u>name</u>] person select [] property one [] person and property [] limited guardianship of the property (d) Appointment of ______as Second Alternate Standby Guardian of the [] person [] property] person and property ſ 1 limited guardianship of the property 1 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 The guardian(s) of the person be authorized and empowered to make all decisions with respect to the medical and dental (f) 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		<u> </u>		
	Name of Bank/Depository	\mathbf{X}	Branch Address	
2				
	Name of Bank/Depository		Branch Address	
[List tw	o Banks/Depositories in	County.]		

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

Dated:	
G	2
(1	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.:	
lete7	
Petitioner(s) above named. I/we have read the forego matters therein stated to be alleged upon information a	ing petition and the same is true of my own knowledge exce nd belief and as to those matters I/we believe them to be tru
Petitioner(s) above named. I/we have read the forego matters therein stated to be alleged upon information a (Signature of Petitioner)	ing petition and the same is true of my own knowledge exce nd belief and as to those matters I/we believe them to be true (Signature of Petitioner)
Petitioner(s) above named. I/we have read the forego matters therein stated to be alleged upon information a	ing petition and the same is true of my own knowledge exce nd belief and as to those matters I/we believe them to be true
Petitioner(s) above named. I/we have read the forego matters therein stated to be alleged upon information a (Signature of Petitioner)	ing petition and the same is true of my own knowledge exce nd belief and as to those matters I/we believe them to be true (Signature of Petitioner)
Petitioner(s) above named. I/we have read the forego matters therein stated to be alleged upon information a (Signature of Petitioner) (Print Name)	ing petition and the same is true of my own knowledge exce nd belief and as to those matters I/we believe them to be true (Signature of Petitioner)
Petitioner(s) above named. I/we have read the forego matters therein stated to be alleged upon information a (Signature of Petitioner) (Print Name) (Name of Corporate Petitioner)	ing petition and the same is true of my own knowledge exce nd belief and as to those matters I/we believe them to be true (Signature of Petitioner)
Petitioner(s) above named. I/we have read the forego matters therein stated to be alleged upon information a (Signature of Petitioner) (Print Name) (Name of Corporate Petitioner) (Signature of Officer)	
Petitioner(s) above named. I/we have read the forego matters therein stated to be alleged upon information a (Signature of Petitioner) (Print Name) (Name of Corporate Petitioner) (Signature of Officer) (Print Name and Title of Officer)	ing petition and the same is true of my own knowledge exce nd belief and as to those matters I/we believe them to be true (Signature of Petitioner)
Petitioner(s) above named. I/we have read the forego matters therein stated to be alleged upon information a (Signature of Petitioner) (Print Name) (Name of Corporate Petitioner) (Signature of Officer) (Print Name and Title of Officer) Sworn to before me this	ing petition and the same is true of my own knowledge exce nd belief and as to those matters I/we believe them to be true (Signature of Petitioner) (Print Name)
Petitioner(s) above named. I/we have read the foregomatters therein stated to be alleged upon information a (Signature of Petitioner) (Print Name) (Name of Corporate Petitioner) (Signature of Officer) (Print Name and Title of Officer) Sworn to before me this	ing petition and the same is true of my own knowledge exce nd belief and as to those matters I/we believe them to be true (Signature of Petitioner) (Print Name)
Petitioner(s) above named. I/we have read the forego matters therein stated to be alleged upon information a (Signature of Petitioner) (Print Name) (Name of Corporate Petitioner) (Signature of Officer) (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:	ing petition and the same is true of my own knowledge exce nd belief and as to those matters I/we believe them to be true (Signature of Petitioner) (Print Name)

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COMBINED OATH & DESIGNATION

[For use when Petitioner is an individual]

	F NEW YORK OF)) ss.:			
			being duly sworn, d	eposes and says:	
1.	duties of such g (developmentall	uardian: That I am acqu y disabled) person and ha	n (18) years of age, that I will we ainted with the estate of said (ave read the statement containe ne to be correct, and that I am n	intellectually disa ed in the foregoing	bled) petition as to the
2.	process issuing	County, and from such Surrogate's C	E OF PROCESS: I hereby desig I his/her successor in office, a ourt may be made in like mann- cannot be found within the stat	as a person on w er and with like eff	hom service of any fect as if it were
My perma	anent address is:	(Street Address)	(City, Town, Village)	(State)	(Zip Code)
My perma	anent address is:	(Street Address)	(City, Town, Village)	(State)	(Zip Code)
(Sig	nature of Proposed	Guardian)	(Signature	e of Proposed Gua	ardian)
(Prir	nt Name)		(Print Nan	ne)	
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)

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COMBINED CORPORATE CONSENT & DESIGNATION

[For use when a Petitioner to be appointed is a corporation]

		of
		(Title)
corpora		lame of Corporation) apacity without further security, being duly sworn, say:
1.		regoing petition subscribed by me and know the contents thereof, and the except as to the matters therein stated to be alleged upon information and ave it to be true.
2.	Standby Guardian [] Second Alte	appointment as [] Guardian {] Standby Guardian [] First Alternate rnate Standby Guardian of the {] person [] property [] person an of the property of the Respondent described in the foregoing petition and
3.	of Coun process issuing from such Surrogate	RVICE OF PROCESS: I hereby designate the Clerk of the Surrogate's Court ity, and his/her successor in office, as a person on whom service of any 's Court may be made in like manner and with like effect as if it were served not be found within the state of New York after due diligence used.
	(Proposed Corporate Guardian)	
	(Signature of Officer)	
	(Signature of Officer) (Print Name and Title of Officer)	
On _	(Print Name and Title of Officer)	, before me personally came, strument and which did say that he/she resides at

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

	THIS SHOULD BE COMPLETED BY THE E (THE PERSON WHO IS ASKING TO BE GU	
	ROGATE'S COURT OF THE STATE OF NEW YORK	
Proc	zeeding for the Appointment of a rdian for	AFFIDAVIT OF PROPOSED GUARDIAN OF THE []PERSON []PROPERTY []PERSON AND PROPERTY []LIMITED GUARDIAN OF THE PROPERTY
	uant to SCPA Article 17-A	File No
STA	TE OF NEW YORK) JNTY OF) ss.:	
To th	ne Surrogate's Court, County of	
The	undersigned	, being duly sworn, deposes and says:
1. be ap	I am a competent person over the age of eighteen (18) years, ppointed guardian of [_] an intellectually disabled person [_] a d	
2. follov	I have known the subject Respondent since wing: [State relationship if any.]	by reason of the
3. other	I reside at r resident members of the household are: [Include all persons re	, and the siding there and their dates of birth.]
4.	My educational background is as follows:	
5.	Not including minor traffic offenses and adjudications as a you	thful offender or juvenile delinquent,
	(a) I have never been convicted of an offense against the law, e	xcept
	(b) I have never forfeited bail or other collateral, except	
	*Make sure to complete every question	

GMD-1A (4/2018)

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(c) I do not have any criminal charges pending against me, 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 T CO-GUARDIAN IF APPLICABLE	HE SECOND PETITIONER:
COU	ROGATE'S COURT OF THE STATE OF NEW YORK	
Proc	X eeding for the Appointment of a rdian for	AFFIDAVIT OF PROPOSED GUARDIAN OF THE []PERSON []PROPERTY []PERSON AND PROPERTY [LIMITED GUARDIAN OF THE PROPERTY
Purs	uant to SCPA Article 17-A	File No
	TE OF NEW YORK) INTY OF) ss.:	
To th	e Surrogate's Court, County of	
The	undersigned	, being duly sworn, deposes and says:
1. be aj	l am a competent person over the age of eighteen (18) yea ppointed guardian of [] an intellectually disabled person []	
2. follov	I have known the subject Respondent sinceving: [State relationship if any.]	by reason of the
3. other	I reside at resident members of the household are: [Include all person	, and the s 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	w, except
	(b) I have never forfeited bail or other collateral, except	
	*Complete every question	

GMD-1A (4/2018)

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

6. duties	uties of guardian of the [] intellectually disabled person [] developmentally disabled person, except I am not addicted to narcotics or to alcohol. I am willing and able to undertake care, custody and control of the Respondent until the court determines otherwise
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)

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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

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 o	over	eighteen (18) years of age, that I will well, faithfully ar	าd honestly
discharge the duties of			
		dian I i accord alternate standby guardian	

[] standby guardian [] first alternate standby guardian [] second alternate standby guardian of the [] person

- e []person
 - [] property[] person and 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)
		(Signatur	e of Proposed Gua	ardian)
		(Print Na	me)	
On			before	me personally came
Un		,	, Defore	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)

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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
(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 a follows:
[Check appropriate interest]
[] Parent of the above-named alleged [] intellectually disabled person [] developmentally disabled perso
[] Spouse of the above-named alleged [] intellectually disabled person [] developmentally disabled perso
[] An adult child of the above-named alleged [] intellectually disabled person [] developmentally disable 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 Standt Guardian of the
 [] person [] property [] person and property [] limited guardianship of the property

and that ____

Standby Guardian of the

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

and that

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
	ta

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) _____be named the Second Alternate

_____ be named the First Alternate

to

Proceeding for the Appointment of a Guardian for

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

Pursu	ant to	sc	PA	File No
STAT	E OF	NE	w١	X ORK)) ss.:
				, a physician duly licensed to practice te of New York, under penalty of perjury affirms as follows:
[PLE/				R ALL QUESTIONS]
	1. 2.			ense number is :ices are located at:
	3.			ofessional knowledge and/or background in the care and treatment of persons with [] intellectual lities [] developmental disabilities is as follows:
	 4(a).	11	ave examined the Respondent on: [Set forth date(s).]
	(b).	[0	che	k 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.]

GMD-2B (4/2018)

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

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opriate box(es)]:	
LLY DISABLED	
n my opinion incapable of man	y conclusion the Respondent is an intellectually disabled person ar aging himself/herself and/or his/her affairs by reason of intellectua e of the intellectual disability is as follows:
TALLY DISABLED	
ny opinion he/she has an impair f decisions, which results in Re	y conclusion that the Respondent is developmentally disabled and ed ability to understand and appreciate the nature and consequence spondent being incapable of managing himself/herself and/or his/he tal disability, and whose disability is attributable to:
	iginated before the Respondent attained the age of twenty-two. , degree and origin of the disability.]
	ed before the Respondent attained the age of twenty-two. , degree and origin of the disability.]
wenty-two.	nt, which originated before the Respondent attained the age of , degree and origin of the disability.]
	-2-
ny opinion he/she has an impair f decisions, which results in Re ffairs by reason of developmer] (a) Cerebral palsy, which o Describe, in detail, the nature] (b) Epilepsy, which originat Describe, in detail, the nature] (c) Neurological impairme wenty-two.	ed ability to understand and appreciate the nature and conseque spondent being incapable of managing himself/herself and/or his tal disability, and whose disability is attributable to: "iginated before the Respondent attained the age of twenty-two. , degree and origin of the disability.] ed before the Respondent attained the age of twenty-two. , degree and origin of the disability.] ed before the Respondent attained the age of twenty-two. , degree and origin of the disability.] nt, which originated before the Respondent attained the age o , 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.]

-3-

[] 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
χ

Proceeding for the Appointment of a Guardian for

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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 Psychologis
ا,, [Physician [Licensed Psychologis being duly sworn, deposes and says:
[PLEASE ANSWER ALL QUESTIONS]
1. My license number is :
2. My offices are located at:
 My professional knowledge and/or background in the care and treatment of persons with [] intellectual disabilitie [] 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 name of tests and/or evaluations, dates performed and results.]
[] I have reviewed the following tests or evaluations performed on Respondent. [Set forth in detail th names of tests and/or evaluations, dates performed, results and names of doctors who performed th 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 11 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 GUARDIANSH	IP CITATION	
ΓΟ:	THE PEOPLE OF THE ST By the Grace of God Fre		
A petition having been fi	led by	, , who is	s/ar
YOU ARE HEREBY CIT	ED TO SHOW CAUSE before the	Surrogate's Court, Cou	unty
o'clock in the	noon of that day, why letters o	f guardianship of the	., a
] person] property] person and property] limited guardianship of the p of			
vhy the appointment of		as Standby Guardian of the	
] person] property] person and property] limited guardianship of the p			
hy the appointment of		as First Alternate Standby Guardian of	the
] person] property] person and property] limited guardianship of the p f	property should not be granted;		
hy the appointment of		as Second Alternate Standby Guardian of	f the
] person] property] person and property] limited guardianship of the p			
nd why the appearance of Res nd why the guardian(s) of the p nedical and dental needs of the ealth and welfare of the Respon	person should not be authorized Respondent and to render cons ident, unless the court directs oth	uld not be required at the hearing; and empowered to make all decisions with respect to ent to any medical procedures which are necessary to erwise. A health care decision may include a decision t tion 1750-b(1) of the Surrogate's Court Procedure Ac Frequested]) th∉ to
Dated, Attested and Sealed,		HON. Surrogate	
Seal)	,	Sanoâsie	
		, Chief Clerk	k
Attorney for Petitioner(s):		Telephone Number:	
ddress 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.] GMD-7 (4/2018)

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 maitreatment 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 MI SEX DATE OF BIRTH LAST NAME FIRST NAME

(O GUARDIAN CODES: (see age 2 for codes)	(Please print cl	early)	(Please pri	nt clearly)			(m	nm/dd/yyyy)
(G)	Guardian							1	1
(M)	Maiden/alias							/	1
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ine Ine	cluding CITY clude month/	your CURRENT ADDRESS , STATE, and ZIP CODE for year in the FROM and TO co	each individual bein	na cleared.		nave reside	ed over the <u>la</u>		8 years,
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AI	DDRESS HIS	STORY FOR OTHER PERSO year in the FROM and TO co	ON(S) 18 YEARS O	LD OR OLDER, RE		ith prop	OSED GUA	RDI/	AN.
	ST NAME & MA			ional pages in neces	FIRST NA	ME			MI
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* ADDITIONAL SPACE PROVIDED ON REVERSE SIDE OF FORM

OCFS-3909 (Rev. 10/2016) REVERSE

and Maltreatment, Attn: Service Center Unit

RESOURCE ID #	Record Resource ID # as appropriate. If you n	eed assistance, email: mailto:ocfs.sm.conn_app@ocfs.ny.gov
DOCKET/FILE #;	Record your Court Docket File # as appropriat	8,
COURT LIAISON:	Record Name of Court Liaison.	
Relationship to Guardian Codes: (list the code and/or the relationshipas appropriate)	 G – Guardian(s) (at least one person must be M – Maiden name/alias (must be completed for E – 18-year-old or older (residing in a propose F – Family member (under 18 years of age) O – Other household member (under 18 years) 	r every guardian) d guardian's household)
Guardianship For New York Statewi	d OCFS-3909, <i>Request for Information</i> <i>m</i> to the: de Central Register of Child Abuse	For questions regarding how to fill out the OCFS-3909, Request for Information Guardianship Form call: (518-474-1567)

P.O. Box 4480, Albany, N.Y. 12204-0480 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: <u>http://ocfs.ny.gov/main/documents/defaultkeyword1.asp</u>

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 A	DDRESSE	ES				
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OCFS-3909 (Rev. 10/2016) REVERSE				_			
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PREVIOUS STREET ADDRESS	CITY		STATE	ZIP	FROM (mo/yr)	TO (mo/yi	r)

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
- 58 Guardianship Drive, Staten Island, N.Y. 10301
- 220 Littletown Road, Brooklyn, N.Y. 11218
- 345 18th Street, Brooklyn, N.Y. 11218
- 5 Judge Street, Brooklyn, N.Y. 11218

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

- 123 Safe Drive, Staten Island, N.Y. 10314
- 58 Guardianship Drive, Staten Island, N.Y. 10301
- 220 Littletown Road, Brooklyn, N.Y. 11218

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

- 123 Safe Drive, Staten Island, N.Y. 10314
- 58 Guardianship Drive, Staten Island, N.Y. (

(Proposed ward – DOB – 12/31/2009) Michael Doe

- 123 Safe Drive, Staten Island, N.Y. 10314
- 58 Guardianship Drive, Staten Island, N.Y. 12

6/2010 – present date 10/2009-06/2010 05/2007-10/2009 02/2004-05/2007 09/1992-02/2004

10/2009-06/2010 01/1992-10/2009

6/2010 – present date

6/2010 – present date 09/1992-06/2010

6/2010 – present date 12/2009-06/2010

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES REQUEST FOR INFORMATION GUARDIANSHIP FORM

SCR USE ONLY: Request I.D. #

Date of request:

(FOR COURT USE ONLY)

Date of request: / /

of ine	the New Yo	ork State teen yea	rrogate's Court Procedure ewide Central Register of ars of age or over who resi	Child Abuse a	nd Maltreatment as	s to whethe	r the pro	pose	ed guar	dian d	or any other		
RESOURCE ID # COURT LIAISON							AI (AREA CODE/PHONE #					
DOCKET FILE # COURT NAME AND ADDRESS								ZI	ZIP CODE				
Co ali ur us be	omplete each as listed dire derneath tha ing the relati elow their nar	n columr ectly be at indivic onship t	CERNING PROPOSED GL n for every household mem low each individual. If the lual's name. For all other he o guardian code on the rev ating maiden or alias or "N	ber regardless re is no maide ousehold memb rerse of this form	of age. The propos in name or alias fo pers, indicate his/he n. List the maiden n	ed guardiar r that indiv r relationsh	n(s) are lis idual plea ip to the g	sted ise v juard	first witl vrite " N lian in t	h maio IONE [:] he seo	den name or " in the row cond column		
ТС	ELATIONSHIP D GUARDIAN CODES: (see age 2 for codes)		LAST NAME (Please print clearly)		FIRST I (Please pri			МІ	SEX		E OF BIRTH ım/dd/yyyy)		
(G)	Guardian									1	/		
(M)	Maiden/alias								□ M □ F □ M	1	/		
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ine	cluding CITY	, STATE	URRENT ADDRESS and a E, and ZIP CODE for <u>each</u> the FROM and TO column	individual being	g cleared.	-	ave reside	ed ov	ver the l	last 28	<u>3 years,</u>		
	JRRENT ADDRE			CITY	1 0	STATE	ZIP		FROM (m	no/yr)	TO (mo/yr)		
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In		year in	FOR OTHER PERSON(S) the FROM and TO column					OSE	ED GUA	ARDIA	N .		
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	REVIOUS STREE			CITY		STATE	ZIP		FROM (m /		TO (mo/yr) /		
PF	PREVIOUS STREET ADDRESS			CITY		STATE	ZIP		FROM (m /	no/yr)	TO (mo/yr) /		

* ADDITIONAL SPACE PROVIDED ON REVERSE SIDE OF FORM

OCFS-3909 (Rev. 10/2016) REVERSE

P.O. Box 4480, Albany, N.Y. 12204-0480

· · · · ·						
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	ecord your Court Docket File # as appropriate.				
COURT LIAISON:	Record Name of Court Liaison.					
Relationship to Guardian Codes: (list the code and/or the relationshipas appropriate)	 G – Guardian(s) (at least one person must be d M – Maiden name/alias (must be completed for E – 18-year-old or older (residing in a proposed F – Family member (under 18 years of age) O – Other household member (under 18 years of age) 	every guardian) I guardian's household)				
Guardianship For	d OCFS-3909, <i>Request for Information</i> <i>m</i> to the: de Central Register of Child Abuse	For questions regarding how to fill out the OCFS-3909, Request for Information Guardianship Form call:				
	Attn: Service Center Unit	(518-474-1567)				

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: <u>http://ocfs.ny.gov/main/documents/defaultkeyword1.asp</u>

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.

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OCFS-3909 (Rev. 10/2016) REVERSE

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