

Designation of Standby Guardian

Pursuant to section 1726 of the New York State Surrogate's Court Procedure Act

Note: As used in this form, the term "parent" shall include a parent, a court-appointed guardian of an infant's person or property, a legal custodian, or a primary caretaker. The term "child(ren)" means persons under 18 years of age and an infant. The term "child(ren)" includes those of a parent, court-appointed guardian, legal custodian or primary caretaker.

I, _____, hereby state that I am the parent of the child(ren) listed in paragraph 2 below.

1. Address, Apt #: _____

City, State, Zip Code: _____

Phone number: _____

Temporary address (if any): _____

2. The child(ren) covered by this designation are:

_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth

3. I hereby designate the following person to act as standby guardian of the:

person and property person only property only

of the child(ren) named in paragraph 2 above:

Name of Standby Guardian: _____

Address, Apt #: _____

City, State, Zip Code: _____

Phone number: _____

Interest/relationship to children: _____

4. The standby guardian named above is at least eighteen (18) years of age. For the following reasons, I feel strongly that it would be in the best interests of my child(ren) for this person to act as standby guardian:

5. By signing this designation, I formally consent that the Standby Guardian's authority take effect upon any of the following actions:

- a. I am "Administratively Separated" from my child(ren), meaning that my care and supervision of my child(ren) will be interrupted because of a federal immigration matter regarding which I am arrested, detained, incarcerated, or deported (collectively "immigration enforcement"), including official communication by federal, state, or local authorities giving reasonable notice of immigration enforcement against me.
- b. My doctor concludes in writing that I am mentally incapacitated, and thus unable to care for my child(ren); or
- c. My doctor concludes in writing that I am physically debilitated, and thus unable to care for my child(ren) and I consent, in writing before two witnesses, to the Standby Guardian's authority taking effect; or
- d. In the event of my death.

6. I understand that I retain full parental, guardianship, custodial or caretaker rights even after the commencement of the standby guardian's authority and may revoke the standby guardianship at any time.

7. I also understand that my standby guardian's authority will cease sixty (60) days after commencing unless by such date the he or she petitions the court for appointment as legal guardian of the child(ren).

Parent Signature:

Dated: _____ Signature: _____

Parent name (print): _____

Witness Declarations:

Witness 1: I, _____, declare that the person whose name appears above signed this document in my presence, or was physically unable to sign and asked another to sign this document, who did so in my presence. I further declare that I am at least eighteen years old and am not the person designated as standby guardian.

Witness 1 Signature: _____

Address, Apt #: _____

City, State, Zip Code: _____

Phone number: _____

Witness 2: I, _____, declare that the person whose name appears above signed this document in my presence, or was physically unable to sign and asked another to sign this document, who did so in my presence. I further declare that I am at least eighteen years old and am not the person designated as standby guardian.

Witness 2 Signature: _____

Address, Apt #: _____

City, State, Zip Code: _____

Phone number: _____

Designee Consent:

I, _____, the person designated as Standby Guardian for the children named in the attached Designation of Standby Guardian, consents to this designation in accord with the terms stated in the Designation.

Dated: _____ Signature: _____

Address, Apt #: _____

City, State, Zip Code: _____

Phone number: _____