

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

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

RESPONDENT

Pursuant to SCPA Article 17-A

-----X
TO THE SURROGATE'S COURT OF THE COUNTY OF INSERT

It is respectfully alleged:

1. The name, permanent address, date of birth and telephone number of the Petitioner(s), and the Petitioner's(s) relationship to the [*] intellectually disabled person [*] developmentally disabled person (hereafter known as Respondent) is as follows: *** ONE OR THE OTHER - NOT BOTH**

Name: PARENT/PETITIONER Telephone Number: #

Permanent Address or Corporate Office: ADDRESS
(Street and Number)

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

Mailing Address: IF P.O. BOX
(If different from permanent address)

Date of Birth: P'S DOB Interest/Relationship to Respondent: PARENT/RELATION

Name: PARENT/PETITIONER Telephone Number: #

Permanent Address or Corporate Office: ADDRESS
(Street and Number)

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

Mailing Address: IF P.O. BOX
(If different from permanent address)

Date of Birth: P'S DOB Interest/Relationship to Respondent: PARENT/RELATION

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

Name: RESPONDENT IS THE PERSON IN NEED OF A GUARDIANSHIP

Permanent Address: ADDRESS
(Street and Number)

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

Mailing Address: IF P.O. BOX
(If different from permanent address)

Date of Birth: R'S DOB Marital Status: MARRIED/SINGLE

[Attach certified copy of birth certificate.]

GMD-1 (4/2018)

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

**PETITION FOR
APPOINTMENT OF GUARDIAN OF**
 PERSON - MEDICAL DECISIONS
 PROPERTY - ONLY IF PROPERTY
 PERSON AND PROPERTY
 LIMITED GUARDIAN OF THE PROPERTY

File No: _____

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. **(OR)**

[] 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. **COMPLETE BELOW IF LIVING IN A GROUP HOME/FACILITY**

_____, Name of group home or facility
_____, Address of group home or facility
_____, Name of Director of group home or facility
_____, Address of Director of group home or facility
_____, Name of the Director of the Mental Hygiene Legal Service
_____, Address of the Director of the Mental Hygiene Legal Service

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

Name of Parent: FATHER Date of Birth: DOB Date of Death: DOD OR N/A

Permanent Address: ADDRESS
(Street and Number)
(City, Village, Town) (State) (Zip Code)
Mailing Address: IF P.O. BOX
(If different from permanent address)

Name of Parent: MOTHER Date of Birth: DOB Date of Death: DOD OR N/A

Permanent Address: ADDRESS
(Street and Number)
(City, Village, Town) (State) (Zip Code)
Mailing Address: IF P.O. BOX
(If different from permanent address)

IF RESPONDANT IS MARRIED

Name of Spouse: NAME OR NONE Date of Birth: DOB Date of Death: DOD OR N/A

Permanent Address: _____
(Street and Number)
(City, Village, Town) (State) (Zip Code)
Mailing Address: _____
(If different from permanent address)

4. The names of the adult children and adult siblings, eighteen (18) years of age or older, of the Respondent are as follows: **[Add rider if necessary.] COMPLETE AS NECESSARY OR NOT APPLICABLE.**

Name: NAME OF BROTHER/SISTER/ADULT CHILD Relationship to Respondent: BROTHER/SISTER/SON/DAUGHTER

Permanent Address: ADDRESS
(Street and Number)
(City, Village, Town) (State) (Zip Code)
Mailing Address: IF P.O. BOX OR OTHER
(If different from permanent address)

Name: NAME OF BROTHER/SISTER/ADULT CHILD Relationship to Respondent: BROTHER/SISTER/SON/DAUGHTER

Permanent Address: ADDRESS
(Street and Number)

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

Mailing Address: IF P.O. BOX OR OTHER
(If different from permanent address)

Name: NAME OF BROTHER/SISTER/ADULT CHILD Relationship to Respondent: BROTHER/SISTER/SON/DAUGHTER

Permanent Address: ADDRESS
(Street and Number)

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

Mailing Address: IF P.O. BOX OR OTHER
(If different from permanent address)

Name: NAME OF BROTHER/SISTER/ADULT CHILD Relationship to Respondent: BROTHER/SISTER/SON/DAUGHTER

Permanent Address: ADDRESS
(Street and Number)

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

Mailing Address: IF P.O. BOX OR OTHER
(If different from permanent address)

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

Name of primary care physician: RESPONDENT'S DOCTOR

Post Office Address: ADDRESS OR OFFICE
(Street and Number)

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

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

Name	Permanent Address	Relationship
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R'S SPOUSE, CHILDREN, SPOUSE, IF APPLICABLE OR NOT APPLICABLE

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

Name	Permanent Address	Relationship
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IF LIVING AT HOME WITH PARENTS/PETITIONERS – NOT APPLICABLE

IF LIVING IN A GROUP HOME – NAME & ADDRESS OF ASSIGNED CASE WORKER

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.

N/A OR INDICATE ESTRANGED FATHER/MOTHER OR

ADULT SIBLINGS OR CHILDREN THAT ARE UNABLE TO ACT AT THIS TIME/STATE REASON

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

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

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

EXAMPLE- WE ARE HIS/HER LOVING PARENTS/RELATION AND HAVE LOVED AND CARED FOR HIM/HER SINCE BIRTH/YEAR AND WISH TO CONTINUE TO DO SO.

(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:

\$ AMOUNT OR N/A

[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.]**

LIST OR N/A

(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 LIST OR N/A

Gross Value \$ N/A

Respondent's Interest _____

Annual Income \$ N/A

Mortgaged or Under a Lien \$ _____

Rental Income \$ N/A

Residence to be occupied by Respondent yes no

Sale of property contemplated yes no

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

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

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

N/A OR NAME ESTATE OF DECEASED NAME/DOB/RELATION

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:

DR. # 1 _____ Physician dated: DATE DR. SIGNED _____ and
DR. #2 OR PSYCH _____ Physician/Licensed Psychologist dated: DATE DR/PSYCH. SIGNED _____

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

13. **NOT APPLICABLE** - [If application for a **limited guardian of the property**] Respondent is over the age of 18 years and is employed by

_____, located at _____

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

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

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

(a) Name of Guardian, if other than Petitioner: NAME IF THERE IS ANOTHER COGUARDIAN TO BE APPOINTED THAT IS NOT THE PETITIONER

Permanent Address: ADDRESS _____
(Street and Number)

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

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

Education: LEVEL OF EDUCATION _____ Qualifications: LOVING BROTHER/AUNT ETC. _____

- to be appointed Guardian of the [] person **(INDICATE)**
- [] property
- [] person and property
- [] limited guardian of the property

Name of Guardian, if other than Petitioner: **NAME IF THERE IS ANOTHER COGUARDIAN THAT IS NOT THE PETITIONER**

Permanent Address: **ADDRESS**
(Street and Number)

(City, Village, Town) (State) (Zip Code)
Date of Birth: **DOB** Interest/Relationship to Respondent: **RELATION**

Education: **LEVEL OF EDUCATION** Qualifications: **LOVING BROTHER/AUNT ETC.**

to be appointed Guardian of the person **(INDICATE)**
 property
 person and property
 limited guardian of the property

(b) Name of the Standby Guardian: **NAME OR N/A**

Permanent Address: **ADDRESS**
(Street and Number)

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

Date of Birth: **DOB** Interest/Relationship to Respondent: **RELATION**

Education: **LEVEL OF EDUCATION** Qualifications: **LOVING BROTHER/AUNT ETC.**

to be appointed Guardian of the person **(INDICATE)**
 property
 person and property
 limited guardian of the property

(c) Name of the First Alternate Standby Guardian: **NAME OR N/A**

Permanent Address: **ADDRESS**
(Street and Number)

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

Date of Birth: **DOB** Interest/Relationship to Respondent: **RELATION**

Education: **LEVEL OF EDUCATION** Qualifications: **LOVING BROTHER/AUNT ETC.**

to be appointed Guardian of the person **(INDICATE)**
 property
 person and property
 limited guardian of the property

(d) Name of the Second Alternate Standby Guardian: **NAME OR N/A**

Permanent Address: **ADDRESS**
(Street and Number)

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

Date of Birth: **DOB** Interest/Relationship to Respondent: **RELATION**

Education: **LEVEL OF EDUCATION** Qualifications: **LOVING BROTHER/AUNT ETC.**

to be appointed Guardian of the person **(INDICATE)**
 property
 person and property
 limited guardian of the property

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

- (a) Respondent is able to attend the hearing to be scheduled by the court.
- (b) Respondent's presence at the hearing should be dispensed with because Respondent is medically incapable of being present to the extent that attendance is likely to result in physical harm to Respondent. **[Certification of certifying physician must so attest]**
- (c) Respondent's presence at the hearing should be dispensed with because **[Specify other circumstances enabling the court to determine that Respondent's presence at the hearing would not be in his/her best interest, attach rider if necessary.]** ONLY EXTREME
- (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: **COMPLETE AS NECESSARY**

- a. Is the subject of a report filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant to the rules of Child Protective Services, following an investigation which determines that some credible evidence of alleged abuse or maltreatment exists, and/or
- b. Has been the subject of or the Respondent in a Child Protective Proceeding commenced pursuant to law, which proceeding resulted in an order finding that the Respondent is an abused or neglected individual.

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

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

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

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

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

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

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

(a) Letters of Guardianship of the

- person
 - property
 - person and property
 - limited guardianship of the property
- of the Respondent be granted to **NAME PETITIONERS/COGUARDIANS**

(b) Appointment of **NAME OR N/A** as Standby Guardian of the

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

(c) Appointment of **NAME OR N/A** as First Alternate Standby Guardian of the

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

(d) Appointment of **NAME OR N/A** as Second Alternate Standby Guardian of the

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

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

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

(f) The guardian(s) of the person be authorized and empowered to make all decisions with respect to the medical and dental needs of the Respondent and to render consent to any medical procedures which are necessary to the health and welfare of the Respondent unless the court directs otherwise. A health care decision may include a decision to withhold or withdraw life-sustaining treatment 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. **LIST FOR PROPERTY OR N/A**
Name of Bank/Depository Branch Address

2. _____
Name of Bank/Depository Branch Address

[List two Banks/Depositories in _____ County.]

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

(I) Additional relief requested **NONE**

Dated: _____

1. **SIGN**
 (Signature of Petitioner)

2. **SIGN**
 (Signature of Petitioner)

 NAME
 (Print Name)

 NAME
 (Print Name)

3. _____
 (Name of Corporate Petitioner)

 (Signature of Officer)

 N/A
 (Print Name and Title of Officer)

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

PETITIONER'S NAMES _____, being duly sworn deposes and says that I am/we are the Petitioner(s) above named. I/we have read the foregoing petition and the same is true of my own knowledge except as to matters therein stated to be alleged upon information and belief and as to those matters I/we believe them to be true.

 SIGN BEFORE NOTARY
 (Signature of Petitioner)

 SIGN BEFORE NOTARY
 Signature of Petitioner)

 NAME
 (Print Name)

 NAME
 (Print Name)

 (Name of Corporate Petitioner)

 (Signature of Officer)

 N/A
 (Print Name and Title of Officer)

Sworn to before me this

_____ day of _____, _____

NOTARY COMPLETES

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

Signature of Attorney: _____

Print Name: _____

Firm Name: _____ Telephone Number: _____

Address of Attorney: _____

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

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

 PETITIONERS' NAMES being duly sworn, deposes and says:

1. OATH OF GUARDIAN: I am over eighteen (18) years of age, that I will well, faithfully and honestly discharge the duties of such guardian: That I am acquainted with the estate of said (intellectually disabled) (developmentally disabled) person and have read the statement contained in the foregoing petition as to the estimated value of same, and believe same to be correct, and that I am not ineligible to receive letters.

2. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I hereby designate the Clerk of the Surrogate's Court of INSERT County, and his/her successor in office, as a person on whom service of any process issuing from such Surrogate's Court may be made in like manner and with like effect as if it were served personally upon me, whenever I cannot be found within the state of New York after due diligence used.

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

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

 SIGN BEFORE NOTARY
(Signature of Proposed Guardian)

 SIGN BEFORE NOTARY
(Signature of Proposed Guardian)

 NAME
(Print Name)

 NAME
(Print Name)

On _____, _____, before me personally came

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

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

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

-----X

Proceeding for the Appointment of a
Guardian for

**AFFIDAVIT OF PROPOSED
GUARDIAN OF THE**

- PERSON**
- PROPERTY**
- PERSON AND PROPERTY**
- LIMITED GUARDIAN OF THE PROPERTY**

RESPONDENT

Pursuant to SCPA Article 17-A

-----X

File No. _____

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

To the Surrogate's Court, County of INSERT _____

The undersigned NAME OF GUARDIAN _____, being duly sworn, deposes and says:

1. I am a competent person over the age of eighteen (18) years, and I submit this affidavit in support of my petition to be appointed guardian of [] an intellectually disabled person [] a developmentally disabled person.
2. I have known the subject Respondent since BIRTH/DATE _____ by reason of the following: **[State relationship if any.]**

I AM HIS/HER LOVING : STATE RELATIONSHIP _____

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

NAME & DOB _____

4. My educational background is as follows:

LEVEL OF EDUCATION _____

5. Not including minor traffic offenses and adjudications as a youthful offender or juvenile delinquent,
 - (a) I have never been convicted of an offense against the law, except NONE OR STATE _____

(b) I have never forfeited bail or other collateral, except NONE OR STATE _____

(c) I do not have any criminal charges pending against me, except **NONE OR STATE**

6. I have no physical or mental impairment, or medical condition, which would interfere with my ability to perform the duties of guardian of the [*] intellectually disabled person [*] developmentally disabled person, except *** ONE OR THE OTHER – NOT BOTH – CONSISTENT THROUGHOUT PETITION.**

COMPLETE OR N/A

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:

I AM THE RESPONDENT'S LOVING PARENT / RELATION AND HAVE LOVED AND CARED FOR HIM/HER SINCE BIRTH/OR # OF YEARS - AND WISH TO CONTINUE TO DO SO.

SIGN

(Signature of Proposed Guardian)

NAME

(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 INSERT

-----X

Proceeding for the Appointment of a
Guardian for

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

RESPONDENT

File No. _____

Pursuant to SCPA Article 17-A

-----X

STATE OF NEW YORK)
COUNTY OF **INSERT**) ss.:

I, NAME OF PSYCHOLOGIST, [] Physician [] Licensed Psychologist,
being duly sworn, deposes and says:

[PLEASE ANSWER ALL QUESTIONS]

1. My license number is : LICENSE #
2. My offices are located at: FIRM NAME/ADDRESS

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

*** ONE OR THE OTHER – NOT BOTH – CONSISTENT THROUGHOUT PETITION.**

COMPLETE AS APPLICABLE, EDUCATION & PROFESSIONAL EXPERIENCE (USE GOOGLE)

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

LAST DATE THAT THE DR. SAW THE RESPONDENT – MUST BE WITHIN ONE YEAR OF FILING

(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.]**

INSERT EXAMINATIONS (WISC OR VINELAND) ALONG WITH RESULTS
DATES OF EXAMINATIONS

[] 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.]**

INSERT EXAMINATIONS (WISC OR VINELAND) ALONG WITH RESULTS, PERSON THAT PERFORMED THE EXAM AND THE DATES

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

DESCRIBE THE MENTAL: NONVERBAL, NONRESPONSIVE, OR UNABLE TO COMPREHEND AND MAKE DECISIONS. DESCRIBE THE PHYSICAL, IF ANY:

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

INTELLECTUALLY DISABLED

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

USE PSYCHOLOGICAL EVALUATIONS TO COMPLETE AS APPROPRIATE- EXAMPLE THE RESPONDENT IS INTELLECTUALLY IMPAIRED AND IN MY OPINION IS UNABLE TO COMPREHEND & UNDERSTAND RISKS AND BENEFITS. THE NATURE & DEGREE IS SIGNIFICANT.

OR – NOT BOTH

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.]**

COMPLETE AS APPLICABLE

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

COMPLETE AS APPLICABLE

(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.]**

COMPLETE AS APPLICABLE

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

COMPLETE AS APPLICABLE

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

COMPLETE AS APPLICABLE

[] (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.]**

COMPLETE AS APPLICABLE

[] (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.]**

COMPLETE AS APPLICABLE

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.

OR – NOT BOTH

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 1.03 of the Mental Hygiene Law, 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 INSERT

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

**SEE PREVIOUS AFFIDAVIT
AFFIRMATION (CERTIFICATION)
OF EXAMINING PHYSICIAN**

RESPONDENT

File No. _____

Pursuant to SCPA Article 17-A

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

I, DR'S. NAME, a physician duly licensed to practice medicine in the State of New York, under penalty of perjury affirms as follows:

[PLEASE ANSWER ALL QUESTIONS]

1. My license number is : LICENSE #
2. My offices are located at: FIRM NAME/ADDRESS
3. My professional knowledge and/or background in the care and treatment of persons with [*] intellectual disabilities [*] developmental disabilities is as follows:
*** ONE OR THE OTHER – NOT BOTH – CONSISTENT THROUGHOUT PETITION.**

COMPLETE AS APPLICABLE, EDUCATION & PROFESSIONAL EXPERIENCE (USE GOOGLE)

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

LAST DATE THAT THE DR. SAW THE RESPONDENT – MUST BE WITHIN ONE YEAR OF FILING

(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.]**

**INSERT EXAMINATIONS (WISC OR VINELAND) ALONG WITH RESULTS
DATES OF EXAMINATIONS**

[] 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.]**

**INSERT EXAMINATIONS (WISC OR VINELAND) ALONG WITH RESULTS, PERSON THAT PERFORMED
THE EXAM AND THE DATES**

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

DESCRIBE THE MENTAL: NONVERBAL, NONRESPONSIVE, OR UNABLE TO COMPREHEND AND MAKE DECISIONS

DESCRIBE THE PHYSICAL, IF ANY

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

INTELLECTUALLY DISABLED

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

THE RESPONDENT IS COGNITIVELY IMPAIRED AND IN MY OPINION IS UNABLE TO COMPREHEND & RESPOND. THE NATURE & DEGREE IS SIGNIFICANT.

OR – NOT BOTH

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.]**

COMPLETE AS APPLICABLE

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

COMPLETE AS APPLICABLE

[] (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.]**

COMPLETE AS APPLICABLE

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

COMPLETE AS APPLICABLE

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

COMPLETE AS APPLICABLE

[] (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.]

COMPLETE AS APPLICABLE

[] (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.]

COMPLETE AS APPLICABLE

7. [Check appropriate box]:

[X] 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]:

[X] 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.

OR – NOT BOTH

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

[] Based upon the foregoing, it is my conclusion that the Respondent **is capable** of understanding and appreciating the nature and consequences of health care decisions, including the benefits and risks of and alternatives to any proposed health care, and of reaching an informed decision in order to promote his/her own well being. A health care decision **may include** a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b(1) of the Surrogate's Court Procedure Act.

Signature of Physician

Print Name

Dated: _____

-----X

Proceeding for the Appointment of a
Guardian for

FOR THOSE NOT GUARDIAN/STANDBY

RESPONDENT

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

File No. _____

Pursuant to SCPA Article 17-A

-----X

The undersigned PARENT/SIBLING/SPOUSE, whose permanent address is

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 as follows:

[Check appropriate interest] – COMPLETE AS APPLICABLE

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

- renounces all right to apply as a guardian under Article 17-A of the SCPA
- waives the issuance and service of process in this matter, and
- consents that PETITIONERS/GUARDIANS be named the Guardian(s) of the

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

and that STANDBY GUARDIAN OR N/A be named the Standby
Guardian of the

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

and that **FIRST ALTERNATE STANDBY GUARDIAN OR N/A** be named the First Alternate Standby Guardian of the

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

and that **SECOND ALTERNATE STANDBY GUARDIAN OR N/A** 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: _____

 SIGN
(Signature)

 NAME
(Print Name)

STATE OF _____) ss.:
COUNTY OF _____)

On _____, _____, before me personally came

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

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

-----X

Proceeding for the Appointment of a
Guardian for

**CONSENT, OATH AND
DESIGNATION**

RESPONDENT

File No. _____

Pursuant to SCPA Article 17-A

-----X

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

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

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

and will seek to have this Court confirm my appointment within (180) days of my assumption of duties.

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

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

2. DESIGNATION OF CLERK FOR SERVICE OF PROCESS: I do hereby designate the Clerk of the Surrogate's Court of _____ County, and his/her successor in office, as a person on whom service of any process issuing from such Surrogate's Court may be made, in like manner and with like effect as if it were served personally upon me whenever I cannot be found and served within the State of New York after due diligence used.

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

SIGN
(Signature of Proposed Guardian)

NAME
(Print Name)

On _____, _____, before me personally came

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

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

SURROGATE'S COURT-

COUNTY

17-A GUARDIANSHIP CITATION

THE PEOPLE OF THE STATE OF NEW YORK

By the Grace of God Free and Independent

TO: **RESPONDENT AND OTHERS AS APPLICABLE**

A petition having been filed by PETITIONERS, who is/are domiciled at ADDRESS

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

person
 property
 person and property
 limited guardianship of the property
of RESPONDENT should not be granted to PETITIONERS/GUARDIANS;

why the appointment of NAME OF STANDBY as Standby Guardian of the
 person
 property
 person and property
 limited guardianship of the property
of RESPONDENT should not be granted;

why the appointment of NAME OF FIRST ALTERNATE STANDBY as First Alternate Standby Guardian of the
 person
 property
 person and property
 limited guardianship of the property
of RESPONDENT should not be granted;

why the appointment of NAME OF SECOND ALTERNATE STANDBY as Second Alternate Standby Guardian of the
 person
 property
 person and property
 limited guardianship of the property
of _____ should not be granted;

and why a hearing [X] should be held should not be held;
and why the appearance of Respondent should be [X] should not be required at the hearing;
and why the guardian(s) of the person should not be authorized and empowered to make all decisions with respect to the medical and dental needs of the Respondent and to render consent to any medical procedures which are necessary to the health and welfare of the Respondent, unless the court directs otherwise. A health care decision may include a decision to withhold or withdraw life-sustaining treatment as defined in Section 1750-b(1) of the Surrogate's Court Procedure Act.

[State further relief requested]

Dated, Attested and Sealed,
_____, _____,
(Seal)

HON.
Surrogate

_____, Chief Clerk

Attorney for Petitioner(s): NOT APPLICABLE Telephone Number: _____

Address of Attorney: NOT APPLICABLE

[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)

