

INSTRUCTIONS FOR GUARDIANSHIP APPLICATIONS PURSUANT TO SCPA 17-A

MAILING ADDRESS: SURROGATE'S COURT, ATTN: GUARDIANSHIP, 320 CENTER DRIVE, RIVERHEAD, NY 11901-3391
GUARDIANSHIP DEPARTMENT PHONE NUMBER: (631) 852-1733

THE 17A RESPONDENT IS THE MENTALLY RETARDED OR DEVELOPMENTALLY DISABLED PERSON .

1. Filing fee for each petition is \$20. Make check payable to THE CLERK OF THE SURROGATE'S COURT. Certificates of Letters of Guardianship are \$6.00 each.
2. CERTIFIED Birth Certificate of the 17-A Respondent is required. If you are applying for Successor Letters of Guardianship and a certified birth certificate was not submitted in the original proceeding, you must provide a certified copy of the birth certificate. Birth certificates will not be returned. If born in a foreign country, a translation of the birth certificate and an affidavit of the translator's authority will be required. Birth certificate may not be translated by an interested party.
3. Complete all questions within the petition. On page #9, sign, date and properly notarize the form in two places. The petition must be on an official form and must not have any text altered. Do not leave blanks. If answer is NONE, so state.
4. If the 17-A Respondent resides in a facility, show this information in #2(b). Also, in #7 include the name of the person at the facility directly in charge of the care and custody of the 17-A Respondent. This is usually the case worker, social worker or house parent.
5. Complete Waivers and Consents for all parents and adult siblings who are **not** going to be any kind of guardian.. In #3 show the exact relief requested in the Wherefor Clause of the petition.
6. Submit two doctor certifications which must be completed in detail (there can not be any blanks) and must show the following:
 - . Doctor's license number, not certificate number. They must be licensed physicians.
 - . Last date of examination (by attesting physician) of the 17-A Respondent (**this date must be within one year of the petition**)
 - . Dr's findings and classification of disability (must be either Mentally Retarded or Developmentally Disabled, not both). Whether or not, in his/her opinion, the 17-A Respondent is capable of handling his/her own affairs, and whether or not the 17-A's appearance in Court should be dispensed with at the hearing.

(Please note both Medical certifications must be in agreement with respect to the diagnosis and the appearance issue).

 - . ALL QUESTIONS ARE TO BE ANSWERED IN DETAIL ON THE DOCTOR'S FORMS
 - . If the doctor refers to a written report, he/she must attach a copy of that report
7. Submit one (1) citation form (GMD-7),: after the word **TO**, list the names of the following people:
 - . Parents, adult children, adult siblings and spouse of the 17-A Respondent if these persons have not executed a Waiver. (If Applicable)
 - . Person having care and custody of the 17-A or with whom such person resides if other than the parents or spouse (this person's name can be found in #7 of the petition).
 - . The 17-A Respondent if fourteen (14) years of age or older.

SHOW EXACT RELIEF REQUESTED WITHIN THE CITATION THAT CONFORMS WITH THE WHEREFORE CLAUSE IN THE PETITION.
THE COURT WILL AFFIX A RETURN DATE ON THE CITATION AND THE PETITIONER WILL SERVE SUCH CITATION AT A LATER DATE.
8. Complete a Notice of Petition, GMD-8, and list in #2 the names and mailing addresses of the following persons:
 - . Adult siblings and adult children if the petitioner is a parent and these persons have not signed a waiver.
 - . The Director of Mental Hygiene Legal Service, if the 17-A Respondent resides in a facility.
 - . The Director in charge of facility where 17-A Respondent resides.
 - . One other person if designated in writing by the 17-A Respondent and such other persons as the Court may deem proper.

At a later date, the Notice of Petition will be served by the petitioner by certified mail to the persons listed on the Notice of Petition
9. The proposed guardian(s) **must** complete the Affidavits(s) of Proposed Guardian (GMD 1A), a separate form is required for each proposed guardian.
10. The proposed Standby Guardians must complete a Consent, Oath and Designation of Standby Guardians.
11. DSS 3909, Request for Information Form is required for each of the proposed guardians household. List proposed guardians and all member of proposed guardian's home. Include **complete** address histories for all. Albany will not process any forms without complete addresses. Addresses are required for the last 28 years or from birth (where applicable)
12. Anyone applying for Letters of 17-A Guardianship will be required to submit certified copies of death certificates of any deceased parent or siblings of the 17-A Respondent. If the person is applying for successor letters of guardianship, it is necessary to supply certified copies of death certificates. Death certificates of prior guardians will not be returned.

Please be advised that upon your submission of the forgoing documents to this Court, the Guardianship Clerk will schedule an appointment with the proper authorities for the taking of fingerprints, which will be submitted to the NYS Division of Criminal Justice in Albany. All adults in the household, excluding parents of the 17-A Respondent, **must** be fingerprinted. Failure to appear at said appointment may result in the dismissal of the proceeding.

SUBMIT A STAMPED SELF-ADDRESSED ENVELOPE for the return of letters, certificates or any other correspondence.

ADDITIONAL INFORMATION ABOUT NOTICE

The Mental Hygiene Legal Service of the Appellate Division of the State Supreme Court is mandated by law and state regulations to protect the rights of disabled individuals, if such person is a resident of a mental hygiene facility as defined in subdivision (a) of section 47.01 of the mental hygiene law. In connection with your petition for 17-A Guardianship, the petition and related documents are required to be served upon this Agency. A Mental Hygiene Legal Service Attorney will then interview the resident and serve as counsel, at no charge, to represent said resident if a hearing is warranted.

A copy of the Petition and all supporting documents should be mailed directly to the field office at:
Mental Hygiene Legal Service
One Court Street
Riverhead, NY 11901

Telephone: (631) 852-2325
Direct Fax: (631) 963-6650

The following is a list of standard tests used in the evaluation of mentally retarded clients:

Cattell Infant Intelligence Scale
Stanford-Binet Intelligence Scale
Wechsler Adult Intelligence Scale-Revised
Wechsler Intelligence Scale for Children
Bailey Scales of Infant Development
Vineland Adaptive Behavior Scale
AAMD Adaptive Behavior Scale
Maturity Scale
Leiter International Performance IQ
Merrill Palmer Scale of Mental Tests
Perkins-Binet Intelligence Test

The above list does not include projective instruments, but it is the most likely group of tests to yield data about intellectual status or classification.