

## Designation of Standby Guardian

Pursuant to section 1726 of the Surrogate's Court Procedure Act and the Governor's Executive Order 2020

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, legal guardian, legal custodia, or primary caretaker of the child(ren) 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 of the child(ren) named above:

Name: \_\_\_\_\_

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:

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(Note, you may, if you wish, provide that the standby guardian's authority shall extend only to the person, or only to the property, of your child(ren), by crossing out "person or property", whichever is inapplicable, above.)

5. **Optional:** In the event the person I named above is unable or unwilling to act as standby guardian of my child(ren), I hereby designate the person named below to act as alternate standby guardian of the person and property of the child(ren) named above:

Name: \_\_\_\_\_

Address, Apt #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Interest/relationship to children: \_\_\_\_\_

6. **(If question 5 completed)** The alternate standby guardian named above is at least eighteen (18) years of age. For the following reasons, I feel strongly that in the event my first designee cannot or will not do so it would be in the best interests of my child(ren) for this person to act as standby guardian:

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(Note, you may, if you wish, provide that the alternate standby guardian's authority shall extend only to the person, or only to the property, of your child(ren), by crossing out "person or property", whichever is inapplicable, above.)

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

1. My doctor concludes that I am mentally incapacitated rendering me unable to care for my child(ren); or
2. My doctor concludes in writing that I am physically debilitated rendering me unable to care for my child(ren) and I consent, in writing before two witnesses, to the Standby Guardian's authority taking effect; or
3. In the event of my death.

8. 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.

9. 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: \_\_\_\_\_