**DESIGNATION OF STANDBY GUARDIAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I, |  | residing at |  | , |

hereby designate:

|  |  |
| --- | --- |
| Name of Standby Guardian: |  |

|  |  |
| --- | --- |
| Address of Standby Guardian: |  |

|  |  |
| --- | --- |
| Telephone Number: | (     ) |

as Standby Guardian of the person (and property) of my children, namely:

|  |  |  |
| --- | --- | --- |
|  | born on |  |
|  | born on |  |
|  | born on |  |
|  | born on |  |

The Standby Guardian’s authority shall take effect if and when any of the following conditions are met:

1. My doctor concludes that I am mentally incapacitated rendering me unable to care for my child(ren); or
2. My doctor concludes 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.

|  |  |
| --- | --- |
| I am the parent of |  |

*or*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I was granted Guardianship/custody of | | | |  |
| (circle one) | | | | child(ren) |
| on |  | by |  | |
|  | date |  | Judge/Referee | |

|  |  |  |  |
| --- | --- | --- | --- |
| I feel very strongly that it would be in |  | best interests if |  |

were to act as standby guardian for him/her/them because:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

(If you are not designating the child’s parent(s) state the name(s) of the parent(s) and the reason why)

In the event the Standby Guardian I have designated above is unable or unwilling to act as guardian for my child, I hereby designate the following individual as Alternate Standby Guardian:

|  |  |
| --- | --- |
| Name of Alternate Standby Guardian: |  |

|  |  |
| --- | --- |
| Address of Alternate Standby Guardian: |  |

|  |  |
| --- | --- |
| Telephone Number: | (     ) |

I understand that my Standby Guardian’s authority will terminate sixty (60) days after it begins unless by such date she or he petitions the court for appointment as guardian.

I understand also that I retain full parental, guardianship, custodial or caretaker rights even after the start of the Standby Guardian’s authority and that I can revoke the Standby Guardianship at any time by signing a written revocation in front of two witnesses at least 18 years of age and then promptly notifying the Standby Guardian.

If I am physically unable to sign this Designation of Standby Guardian myself, I understand that I can direct someone else to sign for me as long as I am present when that other person signs my name.

(If Parent is physically unable to sign the Designation and directs that someone else sign it for him or her, that person should indicate that he or she is signing for the parent by putting his or her initials after the signature.)

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Address of Parent: |  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The name address and relationship of the person signing for the parent is as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Address: |  |

|  |  |
| --- | --- |
| Relationship to Parent: |  |

**WITNESSES DECLARATION**

## I declare that the person whose name appears above signed this document in my presence, or was physically unable

|  |  |  |
| --- | --- | --- |
| to sign and asked another individual, namely |  | to sign this document and she/he 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 Name: | |  | Witness signature: |  |
| Address: |  | | | |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Witness Name: | |  | Witness signature: |  |
| Address: |  | | | |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### WRITTEN CONSENT TO STANDBY GUARDIANSHIP

Pursuant to Section 1726 of the Surrogate’s Court Procedure Act. I hereby consent to the commencement

|  |  |  |
| --- | --- | --- |
| of the authority of |  | , as Standby Guardian of my child(ren), namely: |

|  |  |  |
| --- | --- | --- |
|  | born on |  |
|  | born on |  |
|  | born on |  |
|  | born on |  |

|  |  |  |
| --- | --- | --- |
| upon receipt by |  | , of this Written Consent to Standby Guardianship |

executed in accordance with the previsions of Section 1726(e)(iii) of the Surrogate’s Court Procedure Act.

## If I am physically unable to sign this Written Consent to Standby Guardianship myself, I understand that I can direct someone else to sign for me as long as I am present when that other person signs my name.

(If Parent is physically unable to sign the Designation and directs that someone else sign it for him or her, that person should indicate that he or she is signing for the parent by putting his or her initials after the signature.)

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Address of Parent: |  |

The name address and relationship of the person signing for the parent is as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Address: |  |

|  |  |
| --- | --- |
| Relationship to Parent: |  |

Signature of Standby Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**WITNESSES DECLARATION**

## I declare that the person whose name appears above signed this document in my presence, or was physically unable

|  |  |  |
| --- | --- | --- |
| to sign and asked another individual, namely |  | to sign this document and she/he 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 Name: | |  | Witness signature: |  |
| Address: |  | | | |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Witness Name: | |  | Witness signature: |  |
| Address: |  | | | |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_