



## LEGAL FACT SHEET

## **Designation of Standby Guardian**

Designation of Standby Guardian (NYS Surrogate' Court Procedure Act Section 1726) (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, and the term "child(ren)" shall include the dependent infant of a parent, court-appointed guardian, legal custodian or primary caretaker) I (\_\_\_\_\_\_\_) hereby designate and property of my child(ren) ( (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, by crossing out "person" or "property", whichever is inapplicable, above.) The appointment of (\_\_\_\_\_\_ as the standby guardian of the person and property of my child(ren) would be in the best interests of my child(ren) because: \_\_\_\_\_) The standby guardian's authority shall take effect: (1) if my doctor concludes in writing that I am mentally incapacitated, and thus unable to care for my child(ren); (2) if 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; (3) If I become subject to an administrative separation such that care and supervision of the child will be interrupted or cannot be provided; or (4) upon my death. In the event the person I designate above is unable or unwilling to act as guardian for my child(ren), I hereby designate, (\_\_\_\_\_\_\_) as standby guardian of my child(ren). I also understand that my standby guardian's authority will cease sixty days after commencing unless by such date he or she petitions the court for appointment as guardian. 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.





## **LEGAL FACT SHEET**

Signature:	
Address:	
Date:	_
declare that the person whose name appears above signed this document unable to sign and asked another to sign this document, who did so in my least eighteen years old and am not the person designated as standby guarantees.	presence. I further declare that I am at
Witness' Signature:	
Address:	_
Date:	_
Witness' Signature:	
Address:	_

The above information is not legal advice. It is not a substitute for consulting an attorney. Up-to-date legal advice and legal information can only be obtained by consulting with an attorney. Any opinions, legal opinions, findings, conclusions or recommendations expressed in this publication or on the NYS Kinship Navigator website or by any person or entity to whom you may be referred are those of the Kinship Navigator, Catholic Charities Family and Community Services and/or the person or entity you are referred to and do not necessarily represent the official views, opinions, legal opinions or policy of the State of New York and/or the New York State Office of Children and Family Services (OCFS). NYS Kinship Navigator is a Catholic Charities Family and Community Services program, funded by the New York State Office of Children and Family Services. Catholic Charities Family and Community Services is the only agency authorized by New York State to provide a statewide information and referral service to kinship caregivers. The information herein is published by the NYS Kinship Navigator.