FIRST CHOICE
YOUR TRUSTED SERVICE

First Choice Mobile Notary & Apostille
(866) 828-6856
Book an Appointment Online
www.firstchoicenotary.com

How to Name a Standby Guardian in New York

Designation of Standby Guardian — New York SCPA § 1726

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR FORM.

About this form. This New York form lets a parent name a **standby guardian** who can step in to care for their children right away if the parent becomes incapacitated, is separated from the children by an immigration or other administrative action, or dies. The parent keeps all parental rights and can revoke the designation at any time.

1 Name the guardian and your children

Enter your name, the standby guardian's name, home address and phone, and each child's name and date of birth. The guardian must be at least 18. Cross out "person" or "property" if you want to limit the guardian's authority.

2 Explain why

Briefly state why this person is the best choice for your children. The court will consider it later.

3 Alternate (optional)

Name a backup in case your first choice cannot serve.

4 Sign before two witnesses

Do **not** sign ahead of time. Two adults who are not the standby guardian must watch you sign and sign the witness statement. **First Choice can provide witnesses for an additional fee**, and our notary acknowledgment adds proof for the court.

After It's Signed

- Give the original or a copy to the standby guardian, and tell your children's school and doctor who the standby guardian is.
- Once the guardian's authority begins, he or she must petition the Family Court or Surrogate's Court within 60 days to be appointed guardian.
- You can revoke this designation at any time. For short-term caregiving (up to 12 months), see our Designation of Person in Parental Relation form.

Need a Notary? We Come to You.

Homes • Hospitals • Care Facilities • Offices
Mobile Notary, Witness & Apostille Services

New York-Commissioned Notaries • Serving New York

Call us anytime
(866) 828-6856
Book an Appointment Online
www.firstchoicenotary.com

Have questions about this form? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**, 2315 Capitol Avenue, Sacramento, CA 95816. **Attorneys licensed in New York.** Main headquarters in Sacramento, California.

This form is provided as a free convenience. First Choice Mobile Notary & Apostille is not a law firm, and a notary public cannot give legal advice or help you decide what to write on this form. These instructions are general information only and are not legal advice. If you have questions about your situation, consult a licensed New York attorney.

© 2026 First Choice Mobile Notary & Apostille. Free for personal use. Do not remove this notice or redistribute without permission.

DESIGNATION OF STANDBY GUARDIAN

New York Surrogate's Court Procedure Act § 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 _____

(name of parent) *(name of standby guardian)*

_____

(home address and telephone number of standby guardian)

as standby guardian of the person and property of my child(ren):

_____

_____

(name(s) and date(s) of birth of 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: (Insert justification for appointment of this person as the standby guardian)

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.

Alternate Standby Guardian (Optional)

In the event the person I designate above is unable or unwilling to act as guardian for my child(ren),

I _____ hereby designate _____

(name of parent) *(name of alternate standby guardian)*

_____

(home address and telephone number of alternate standby guardian)

as standby guardian of the person and property of my child(ren).

© 2026 First Choice Mobile Notary & Apostille. Free for personal use. Do not remove this notice or redistribute without permission.

© 2026 First Choice Mobile Notary & Apostille • Serving New York • (866) 828-6856 | www.firstchoicenotary.com

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.

Signature of parent

Date

Address:

Statement of Witnesses

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

Witness 2 signature

Witness 1 printed name

Witness 2 printed name

Witness 1 address

Witness 2 address

Witness 1 date

Witness 2 date

Consent of Standby Guardian (recommended)

I consent to serve as standby guardian (or alternate standby guardian) of the child(ren) named above, under the terms of this designation.

Standby guardian signature

Alternate standby guardian signature

Printed name

Printed name

© 2026 First Choice Mobile Notary & Apostille. Free for personal use. Do not remove this notice or redistribute without permission.

© 2026 First Choice Mobile Notary & Apostille • Serving New York • (866) 828-6856 | www.firstchoicenotary.com

ACKNOWLEDGMENT OF PARENT (Real Property Law § 309-a)

State of New York)
) ss.:
County of _____)

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____

Signature and office of individual taking acknowledgment

Notary Public, State of New York; Qualified in _____ County

Registration No. _____; Commission Expires _____

(Notary stamp)

© 2026 First Choice Mobile Notary & Apostille. Free for personal use. Do not remove this notice or redistribute without permission.

© 2026 First Choice Mobile Notary & Apostille • Serving New York • (866) 828-6856 | www.firstchoicenotary.com