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How to Complete a Pennsylvania Standby Guardian Designation

Designation of Standby Guardian • 23 Pa.C.S. §§ 5611–5616

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

About this form. A parent with a serious illness, or any parent planning ahead, can name a trusted adult to step in and care for the children if the parent becomes incapacitated, debilitated, or dies. The parent keeps full parental rights until the triggering event, and can revoke the designation.

1. **Name the standby guardian and children**
   Include addresses and phone numbers; an alternate is optional.
2. **Choose the triggering event(s)**
   Incapacity, debilitation with your consent, death, or another event you describe.
3. **Complete the other parent section**
   Check why the other parent's consent is not needed, or have the other parent sign.
4. **Sign before two adult witnesses**
   Witnesses must be 18 or older and not named in the form. We recommend a notary as well.
5. **Standby guardian signs the acceptance**
   After a triggering event, the guardian must file a court petition within 60 days.

Signing requirements: Two witnesses, age 18 or older, who are not named in the designation, are required. Notarization is recommended.

After It's Signed

- Give copies to the standby guardian and keep the original in a safe place.
- You may file it with the court for approval at any time, which makes the guardian's authority start automatically.

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Have questions about your Standby Guardian Designation? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**.

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DESIGNATION OF STANDBY GUARDIAN

Commonwealth of Pennsylvania • Standby Guardianship Act, 23 Pa.C.S. § 5611

Designator (parent, legal custodian or legal guardian) | Phone

Designator address

I, the designator named above, do hereby appoint the following person as the standby guardian of the minor(s) named below:

Standby guardian name | Phone

Standby guardian address

Minor name | Date of birth | Minor name | Date of birth

Minor name | Date of birth | I am the minor(s)' (relationship)

to take effect upon the occurrence of the following triggering event or events (check all that apply):

- ☐ My incapacity, as stated in a written determination of incapacity by my attending physician.
- ☐ My debilitation, as stated in a written determination by my attending physician, together with my signed consent.
- ☐ My death.
- ☐ Other (e.g., absence from Pennsylvania for a stated number of days):

Describe

I hereby revoke all former wills and codicils to the extent that there is a conflict between those formerly executed documents and this, my duly executed standby guardian designation.

THE MINOR(S)' OTHER PARENT

Other parent name | Address

(Check all that apply):

- ☐ He/she died on (date):

Date of death

- ☐ His/her parental rights were terminated or relinquished on (date):

Date

- ☐ His/her whereabouts are unknown. I understand that all living parents whose rights have not been terminated must be given notice of this designation pursuant to the Pennsylvania Rules of Civil Procedure or a petition to approve this designation may not be granted by the court.
- ☐ He/she is unwilling and unable to make and carry out day-to-day child-care decisions concerning the minor.
- ☐ He/she consents to this designation and has signed this form below.

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By this designation I am granting the standby guardian named above the authority to act for 60 days following the occurrence of the triggering event as a coguardian with me or, in the event of my death, as guardian of my minor child(ren).

Alternate (optional). I hereby nominate the following person as the alternate standby guardian to assume the duties of the standby guardian named above in the event the standby guardian is unable or refuses to act as a standby guardian:

Alternate name | Phone | Address

If I have indicated more than one triggering event, it is my intent that the triggering event which occurs first shall take precedence. If I have indicated “my death” as the triggering event, it is my intent that the person named in the designation to be standby guardian for my minor child(ren) in the event of my death shall be appointed as guardian of my minor child(ren) when I die.

It is my intention to retain full parental rights to the extent consistent with my condition and to retain the authority to revoke the standby guardianship if I so choose. This designation is made after careful reflection, while I am of sound mind.

X _____ Designator signature — Date

If the designator is physically unable to sign, a person not named in this designation may sign at the designator’s direction, in the presence of the designator and the witnesses:

X _____ Signature of person signing for designator — Date

Witnesses

Each witness is 18 years of age or older and is not named in this designation (23 Pa.C.S. § 5611(c)(2)). Witnesses sign in the presence of the designator.

X _____ Witness 1 signature — Date

Witness 1 printed name | Witness 1 address

X _____ Witness 2 signature — Date

Witness 2 printed name | Witness 2 address

CONSENT OF OTHER PARENT (if applicable)

I, the other parent named above, hereby consent to this designation.

X _____ Signature of other parent — Date

Address of other parent

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ACCEPTANCE BY STANDBY GUARDIAN

I, the standby guardian named above, hereby accept my nomination as standby guardian of the minor(s) named above. I understand that my rights and responsibilities toward the minor child(ren) named above will become effective upon the occurrence of the above-stated triggering event or events. I further understand that in order to continue caring for the child(ren), I must file a petition with the court within 60 days of the occurrence of the triggering event.

X _____ Date _____

Signature of standby guardian

ACCEPTANCE BY ALTERNATE STANDBY GUARDIAN (if named)

X _____ Date _____

Signature of alternate standby guardian

NOTARIZATION (RECOMMENDED)

Notarization helps the designation be accepted by schools, doctors and the court.

ACKNOWLEDGMENT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____

This record was acknowledged before me on _____ (date) by _____ (name(s) of individual(s)).

X _____

Signature of notarial officer

(Notary seal)

_____

Title of office (e.g., Notary Public)

_____ _____

My commission expires Commission number

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