

## Instructions for Guardianship Petition

Do not make copies of these instructions, as they are for your information only.

All forms must be completed with black ink only, and printed legibly.

**To satisfy the legal requirements to have your petition for guardianship considered, every question must be answered on the petition and applicable forms, and required documents must be attached. Failure to do so may result in the dismissal of your petition.**

These forms and instructions are available in the General Clerk's Office in the Nassau County Family Court at 101 County Seat Drive, Mineola, NY and on the Nassau County Family Court website at [www.nycourts.gov/courts/10jd/nassau/family.shtml](http://www.nycourts.gov/courts/10jd/nassau/family.shtml) .

The following are required to file your petition:

- Petition (Form 6-1)→ original; if you file the petition in person and you bring an extra copy, 1 copy will be stamped by the court and given back to you as proof of filing,
- Certified Copy of Birth Certificate→ 1 copy,
- Affirmation & Designation for Service of Process(Form 6-2)→ original,
- Consent of Person Over Age 18 or Preference of Minor Over Age 14 (Form 6-3), if applicable→ original,
- Request for Information Guardianship Form (OCFS-3909)→ original,
- Nassau County Family Court (NCFC) Information Sheet→ original, one or more, to include each petitioner and person in section 7 of the petition, and for *the subject* if *the subject's* address is confidential.

In addition, the following are required to have your petition considered:

- Certified Copy of Death Certificate(s), if applicable→ 1 copy for each deceased person in section 7 of the petition,
- Waiver of Process, Renunciation, Consent to Letters of Guardianship (Form 6-4), if applicable→ original for each person in section 7 of the petition.

### Instructions for Petition for Appointment as Guardian of a Person (Form 6-1)

#### Page 1

For the caption, print the name of the person under the age of 21, who is "*the subject*" of this petition on the line above "A Person Under the Age of 21".

The following refers to the numbered sections of the petition:

1. Print the name of the person under the age of 21, who is *the subject* of this petition.
2. Petitioner (1)- Information: You are the petitioner (proposed guardian). Print your name, date of birth, address (where you reside or where you are temporarily located, including zip code), and your relationship to *the subject*, including whether you are on the maternal or paternal side of the family.

The family court does not share personal information with the public, but petitions are provided to all parties. If your address is not known to the party(ies) in section 7 and you are requesting that your address be kept confidential from the party(ies) in section 7: print the word CONFIDENTIAL on the address line; include your address on the NCFC Information Sheet; check  box on the NCFC Information Sheet directly below the section for your address, which asks if you are requesting to keep your address confidential.

- Petitioner (2)- Information: If there is only one petitioner, leave all sections regarding petitioner (2) blank. For a 2<sup>nd</sup> petitioner (proposed guardian), print your name, date of birth, address (where you reside or where you are temporarily located, including zip code), and your relationship to *the subject*, including whether you are on the maternal or paternal side of family.

The family court does not share personal information with the public, but petitions are provided to all parties. If your address is not known to the party(ies) in section 7 and you are requesting that your address be kept confidential from the party(ies) in section 7: print the word CONFIDENTIAL on the address line; include your address on the NCFC Information Sheet; check  box on the NCFC Information Sheet directly below the section for your address, which asks if you are requesting to keep your address confidential.

### **Pages 1-2**

3. Person Under the Age of 21- Information:  
Print *the subject's* name, date of birth, check  one box for *the subject's* sex, and print *the subject's* address (including zip code). Check  box if a certified copy of the birth certificate is attached. The birth certificate must be attached if the petitioner is a parent or if a parent is consenting to the order of guardianship or if *the subject* is age 18 or older.

The family court does not share personal information with the public, but petitions are provided to all parties. If *the subject's* address is not known to the party(ies) in section 7 and you are requesting that *the subject's* address be kept confidential: print the word CONFIDENTIAL on the address line; a NCFC Information Sheet must be filled out for *the subject*. Change the word Petitioner or Respondent in the caption on the NCFC Information

Sheet to the words *THE SUBJECT*; include *the subject's* address on the NCFC Information Sheet; check  box on the NCFC Information Sheet directly below the section for *the subject's* address, which asks if you are requesting to keep your address confidential.

## Page 2

4. Check  one box. If yes, you must make notifications to the parent(s) and/or current guardian(s)/custodian(s) and to the tribe/nation, that you are filing this petition. If any of this information is unknown and therefore notification cannot be made, you must notify the United States Secretary of the Interior. Print the names of the parent(s) and/or current guardian(s)/ custodian(s) and the dates the notifications were made.
5. Print the name and relationship of the person *the subject* lives with. If it is you, then print your name and your relationship to *the subject*.
6. Print the religion of *the subject*.

## Page 3

7. Follow the directions and complete the chart in it's entirety. N/A stands for not applicable. Paternity is established when the parents are married, or by a court ordered Order of Filiation, or by both parents signing an Acknowledgment of Paternity in the hospital at birth or with the Department of Health. If both parents are deceased, the adult next of kin is the closest living relative to *the subject*. Adoption, legal guardianship and custody in section 7e. refer to a person who is not a birth parent and has received an order from a court providing for the adoption, guardianship or custody of *the subject*. If *the subject* has been adopted, the information for birth mother and birth father is not required and N/A should be printed under the Name column in sections 7a. and 7b.

The family court does not share personal information with the public, but petitions are provided to all parties. If the address is not known to the other party(ies) in section 7 and you are requesting that the address be kept confidential from the other party(ies) in section 7: print the word CONFIDENTIAL on the address line; include the address on the NCFC Information Sheet; check  box on the NCFC Information Sheet directly below the section for the address, which asks if you are requesting to keep the address confidential.

### **8a., 8b., 8c.**

Be specific with your answers. Answer all three parts of the question.

## Page 4

9. Check  one box. If yes, print the name and include this person in section 7e.

## Pages 4 - 8

### **10., 10a., 10b., etc.**

This section is asking about you, the petitioner. There are separate sections for petitioner (1) and petitioner (2). Each section must be answered separately if there are two petitioners. If there is only one petitioner, do not answer any questions for petitioner (2). Answer each part of these sections carefully as each section is different. Use additional sheets of paper if necessary.

## Pages 8 - 10

**11., 11a., 11b., 11c., etc.**

Print the information requested for each person over the age of 18 (other than (you) the petitioner(s)) living in your household. Use additional sheets of paper if necessary. Answer each part of these sections carefully as each section is different. If one section applies to more than one adult in your household, provide the information for each separately on additional sheets of paper.

**Page 10**

12. Enter information if one or both parents are living. If both parents are deceased, print the word DECEASED.

**13a., 13b.**

Section 13a. applies if *the subject* is over the age of 18 and has consented to the appointment of the guardian. Check  Yes and attach the completed form.

Section 13b. applies if *the subject* is over 14, but not yet 18 and has expressed a preference for the appointment of the guardian. Check  Yes and attach the completed form.

If *the subject* is under the age of 14, do not check any boxes.

14. Section 14 should be true. If not, go back to section 7 and list them.

**Page 11**

15. Check  one box and give specific information, if applicable.

16. Check  only one box.

DATED: fill in the date you sign the petition

Sign and print your name on the lines provided above the 1<sup>st</sup> VERIFICATION heading.

**Pages 11 - 12**

VERIFICATION

When all the questions in your petition are complete, you must affirm to the truthfulness of the petition by filling out and signing your name in the verification section. The 1<sup>st</sup> VERIFICATION is for petitioner (1). The 2<sup>nd</sup> VERIFICATION is for petitioner (2), if applicable.

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**Instructions for Affirmation and Designation for Service of Process (Form 6-2)**

One separate form must be completed for each petitioner. Fill in the name of the subject in the caption. Print your name on the first line. Print your permanent address. Fill out and sign the verification section.

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**Instructions for Consent of Person Over Age 18/  
Preference of Minor Over Age 14 (Form 6-3), if applicable**

This form is required if *the subject* is over the age of 14 at the time of the filing of the petition. Fill in the caption. Check  one box for Consent of Person Over 18 and Under Age 21... or Preference of Minor Over Age 14 and Under Age 18.....to the right of the caption. Print the state and county where the form is notarized in the spaces underneath the caption. Fill in the date of birth of *the subject*. Check  one box and print the name of the petitioner(s). *The subject* must sign his/her name in front of a notary.

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## Instructions for Request for Information Guardianship Form (OCFS-3909)

This form is required pursuant to the Surrogate's Court Procedure Act section 1706(2).

Please leave the top portion of the form blank. This will be filled in by court personnel.

Read and follow the instructions on the form carefully.

Take note of the following:

### Under the section: **INFORMATION CONCERNING PROPOSED GUARDIAN(S) AND MEMBERS OF THE HOUSEHOLD -**

- List every person who resides in the household regardless of age. The guardian(s) should be listed first. Each person listed should have two lines. The first line is for the person's relationship to the subject child, with the applicable code, and the person's name, sex, and date of birth. The second line is for that person's maiden name(s) or alias' or the word "None" as applicable.
- If more than 10 lines are needed, use an additional first page of this form.

### For the section beginning: **Please provide your CURRENT ADDRESS and any PREVIOUS ADDRESSES at which you have resided over the last 28 years -**

- Print all addresses from the present going back 28 years. Print your current address 1<sup>st</sup>, the date you moved in (in the From column) and the word "present" date (in the To column). If you are under the age of 28, then your addresses must go back to your date of birth.
- Be as specific as possible. If you do not remember the exact date, give the approximate date. You must provide at least a month and year for each From and To date. Do not leave any gaps in time for 28 years.
- If you were not living in the USA you still need to list those addresses.
- If you lived at more than six addresses, then print the additional information on the next page under **ADDITIONAL ADDRESSES**. Print your name first and then the address(es).
- On the next available line, print the name of the 2<sup>nd</sup> proposed guardian, if applicable. Then print all addresses for that person going back 28 years. Follow the guidelines above.

### For the section beginning: **ADDRESS HISTORY FOR OTHER PERSON(S) 18 YEARS OLD OR OLDER, RESIDING WITH PROPOSED GUARDIAN -**

- Print the name of another person over the age of 18 who resides in the household, if applicable. Print all addresses for that person going back 28 years. Follow the guidelines above. Repeat the process in this section for each additional person over the age of 18 who resides in the household. If the subject is over the age of 18, include their name and addresses. When this section is filled, continue on the next available line under **ADDITIONAL ADDRESSES**. Always put the person's name above the addresses if the same person's addresses are in two different sections. Use additional pages as necessary.

Fill out the form carefully and submit it when you are filing your petition. If you do not complete the OCFS-3909 correctly, the form will be returned to you for correction. If the OCFS-3909 is not submitted timely and

results are not received by the court date timely, the petition may be dismissed for failure to pursue. Do not send your form to the address listed on the second page. You must submit an original.

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## **Instructions for Nassau County Family Court Information Sheet**

You are the petitioner (proposed guardian). Print your information under the Petitioner section. If there is more than one petitioner (proposed guardian), then you will need a 2<sup>nd</sup> NCFC Information Sheet for 2<sup>nd</sup> petitioner (proposed guardian). Information is also required for each living person named in section 7 of the petition and should be provided separately in the section marked Respondent. More than 1 NCFC Information Sheet may be required. Follow instructions on the NCFC Information Sheet. Fill out each section to the best of your ability and print the word UNKNOWN for any information that is unknown (Do not leave any sections blank).

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## **Instructions for Waiver of Process, Renunciation, Consent to Letters of Guardianship (Form 6-4), if applicable**

Waiver of Process, Renunciation or Consent to Letters of Guardianship or "Consent Form" for short- this document is the consent of the parent(s) and/or current guardian(s)/custodian(s) for you to have guardianship of the child. The form needs to be filled out and signed by the parent(s) and/or current guardian(s)/custodian(s) in front of a notary. This form is not to be signed by you as you are the petitioner (proposed guardian). If the parent(s) and/or current guardian(s)/custodian(s) is living far away or not in the United States, this document must be sent to them to be signed, notarized and returned to you. In lieu of this document, a notarized letter from each of them consenting to you having guardianship will be accepted. Your petition may still be filed if this form is not available to you at the time of filing. If you are unable to secure the consent of the parent(s) and/or current guardian(s)/custodian(s) you will be required to have them personally served with a summons and petition. You will be asked about this when you submit the petition. If the parent(s) and/or current guardian(s)/custodian(s) are deceased the form is not required. Bring a certified copy of the death certificate(s) instead.

**When all necessary forms to file your petition are completed and notarized, attach the certified copy of the birth certificate to the Petition for Appointment as Guardian of a Person (Form 6-1); attach the Affirmation and Designation for Service of Process (Form 6-2); if applicable, attach Consent of Person Over Age 18 and Under 21... or Preference of Minor Over Age 14 and under Age 18... (Form 6-3); attach the Request for Information Guardianship Form (Form OCFS-3909); attach the NCFC Information Sheet(s); if applicable, attach the Waiver of Process, Renunciation, Consent to Letters of Guardianship (Form 6-4) for each person listed in Section 7 of the petition; and if applicable, attach 1 certified copy of each death certificate.**

**Bring the set of all forms to the General Clerk's Office of the Nassau County Family Court between the hours of 9:00 am and 4:45 pm.**

**or - mail to :**

**Nassau County Family Court  
101 County Seat Drive  
Mineola, NY 11501  
Attn: General Clerk's Office**

**If you file in person and you bring an extra copy, the copy will be stamped by the court and given back to you as proof of filing.**

**Once your petition is filed, you will receive a Notice to Appear in Court notifying you of your court date. Failure to appear on your court date may result in dismissal of your petition.**

F.C.A. § 661  
S.C.P.A. §§ 1701-1704

Form 6-1  
Appointment as Guardian  
of a Person  
3/2009  
NCFC 5/2025

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

.....  
Proceeding for the Appointment of a Guardian of  
the Person of

PETITION for Appointment as  
Guardian of a Person

\_\_\_\_\_,  
First M.L Last

A Person Under the Age of 21  
.....

FILE # _____
DOCKET # _____
(Court use only)

TO THE FAMILY COURT:

The petitioner respectfully alleges to this court that:

1. I(We) am(are) submitting this petition in order to be appointed guardian of \_\_\_\_\_ ,  
a person under the age of 21, who is "the subject" of this petition.

2. Petitioner (1) - Information:  
Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\*Address: \_\_\_\_\_  
\_\_\_\_\_  
Relationship to *the subject*:  
\_\_\_\_\_

Petitioner (2) - Information, if applicable:  
Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\*Address: \_\_\_\_\_  
\_\_\_\_\_  
Relationship to *the subject*:  
\_\_\_\_\_

**\*If address is not known to the party(ies) in section 7, and you are requesting that your address be kept confidential, print the word CONFIDENTIAL above and print your address on the NCFC Information Sheet only.**

3. The person under the age of 21, who is *the subject* of this petition - Information:  
Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Sex:  Male  Female

\*\*Address: \_\_\_\_\_  
 \_\_\_\_\_

A certified copy of the birth certificate is attached.

**\*\*If address is not known to the party(ies) in section 7, and you are requesting that *the subject's* address be kept confidential, print the word CONFIDENTIAL above and print *the subject's* address on the NCFC Information Sheet only.**

4. Is *the subject* of this petition a Native American child subject to the Indian Child Welfare Act of 1978 (25 U.S.C. § § 1901-1963)?

Yes       No

If no, skip this section and go to number 5.

If yes, the parent(s) and/or custodian(s) and the tribe/nation are all required to be notified of this petition. Specify the names and the dates of the notification. If any of this information is unknown, the United States Secretary of the Interior is required to be notified of this petition. Specify the date of the notification.

Name of the parent(s): \_\_\_\_\_

Date of notification: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of the custodian(s): \_\_\_\_\_

Date of notification: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of the tribe/nation: \_\_\_\_\_

Date of notification: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

United States Secretary of the Interior:

Date of notification: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. The name(s) and relationship(s) of the person(s) with whom *the subject* of this petition resides:

Name(s): \_\_\_\_\_

Relationship(s) to *the subject*: \_\_\_\_\_

6. Upon information and belief, the religion of *the subject* of this petition is \_\_\_\_\_.

7. Fill in the following information completely. If the information is unknown, print the word UNKNOWN under the Name column. If the information does not apply, print N/A under the Name column.

Relationship	Name	*Address	Deceased? Yes/No
7a. Birth mother:		_____ _____	
7b. Birth father: Paternity established: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		_____ _____	
7c. Person with whom <i>the subject</i> resides, if other than the parents or petitioner:		_____ _____	
7d. Adult next of kin, if birth parents are deceased:		_____ _____	
7e. Person who has adopted or received legal guardianship or custody of <i>the subject</i> :		_____ _____	

**\*If address is not known to the other party(ies) in this section, and you are requesting that the address be kept confidential, print the word CONFIDENTIAL above and print the party's address on the NCFC Information Sheet only.**

8a. State why you, the petitioner(s), should be appointed the guardian of *the subject* of this petition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8b. State why this would be in the best interest of *the subject*, and how this would preserve his/her legal rights: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8c. Specify the facts regarding your suitability, ability and commitment as the petitioner(s) to assume full legal responsibility and raise him/her to adulthood: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Upon information and belief, has there been any person previously appointed guardian of *the subject* of this petition, pursuant to will or deed, or guardian of the person pursuant to Social Services Law § 384 or § 384-b?

- Yes       No

If yes, specify name of guardian: \_\_\_\_\_

10. Petitioner (1) - Name: \_\_\_\_\_

Upon information and belief, [check  all applicable boxes]:

10a. Petitioner (1)

I have never been named in an indicated report, as such term is defined in the Social Services Law §412, that has been filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant Social Services Law §422.

I was named in an indicated report, as defined in the Social Services Law §412, that was filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant to Social Services Law §422.

Date of the report: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is the status and what were the circumstances of the report to the extent known?

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Was *the subject* of this petition the subject of the report?

- Yes       No

I am currently named in a report, as defined in the Social Services Law §412, filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant to Social Services Law §422, that remains under investigation.

Date of the report: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is the status and what were the circumstances of the report to the extent known?

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Was *the subject* of this petition the subject of the report?

- Yes       No

**10b.** Petitioner (1)

- I have never been named in, or was a respondent in, a child protective proceeding pursuant to Article 10 of the Family Court Act.
  
- I have been named in, or was a respondent in, a child protective proceeding pursuant to Article 10 of the Family Court Act.

Did the proceeding result in an order finding that a child was/children were abused or neglected?

- Yes
- No

Date of the proceeding: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is the status and what were the circumstances of the proceeding to the extent known?

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Was *the subject* of this petition the subject of the proceeding?

- Yes
- No

**10c.** Petitioner (1)

- I have never been named in an Order of Protection or Temporary Order of Protection in any Criminal, Matrimonial or Family Court proceeding(s).
  
- I have been named in an Order of Protection or Temporary Order of Protection in a Criminal, Matrimonial or Family Court proceeding(s) as follows:

The court name: \_\_\_\_\_

Docket/Index #: \_\_\_\_\_

Were you protected or restrained by the order?

- Protected
- Restrained

Date of order: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiration date of order: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Next court date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is the status and what were the circumstances of the order to the extent known?

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Was *the subject* of this petition the subject of the order?

- Yes
- No

**If more than one order, fill out the above with the most recent order. For additional orders, all requested information should be provided on a separate page and attached.**

**10.** Petitioner (2) - Name: \_\_\_\_\_

Upon information and belief, [check  all applicable boxes]:

**10a.** Petitioner (2)

- I have never been named in an indicated report, as such term is defined in the Social Services Law §412, that has been filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant Social Services Law §422.
- I was named in an indicated report, as defined in the Social Services Law §412, that was filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant to Social Services Law §422.

Date of the report: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is the status and what were the circumstances of the report to the extent known?

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Was *the subject* of this petition the subject of the report?

- Yes
- No

- I am currently named in a report, as defined in the Social Services Law §412, filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant to Social Services Law §422, that remains under investigation.

Date of the report: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is the status and what were the circumstances of the report to the extent known?

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Was *the subject* of this petition the subject of the report?

- Yes
- No

**10b. Petitioner (2)**

- I have never been named in, or was a respondent in, a child protective proceeding pursuant to Article 10 of the Family Court Act.
  
- I have been named in, or was a respondent in, a child protective proceeding pursuant to Article 10 of the Family Court Act.

Did the proceeding result in an order finding that a child was/children were abused or neglected?

- Yes       No

Date of the proceeding: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is the status and what were the circumstances of the proceeding to the extent known?

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Was *the subject* of this petition the subject of the proceeding?

- Yes       No

**10c. Petitioner (2)**

- I have never been named in an Order of Protection or Temporary Order of Protection in any criminal, matrimonial or family court proceeding(s).
  
- I have been named in an Order of Protection or Temporary Order of Protection in a criminal, matrimonial or family court proceeding(s) as follows:

The court name: \_\_\_\_\_

Docket/Index #: \_\_\_\_\_

Were you protected or restrained by the order?

- Protected       Restrained

Date of order: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiration date of order: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Next court date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is the status and what were the circumstances of the order to the extent known?

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Was *the subject* of this petition the subject of the order?

- Yes
- No

**If more than one order, fill out the above with the most recent order. For additional orders, all requested information should be provided on a separate page and attached.**

**11.** Are there any other adults who are 18 or older who live in your home?

- Yes
- No

If no, skip this section and go to number **12**.

If yes, provide the requested information for all the other adults who are 18 or older, who live in your home:

**1.** Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Relationship to *the subject*: \_\_\_\_\_

**2.** Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Relationship to *the subject*: \_\_\_\_\_

**If more than two adults, all requested information for each additional adult should be provided on a separate page and attached.**

**11a.**  None of the adults 18 or older living in my home have ever been the subjects of any indicated reports, as defined in the Social Services Law §412, that were filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant to Social Services Law §422.

The following adults 18 or older living in my home have been the subjects of indicated reports, as defined in the Social Services Law §412, that were filed with the Statewide Register of Child Abuse and Maltreatment pursuant to Social Services Law §422:

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

Date of report: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is the status and what were the circumstances of the report to the extent known?

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Was *the subject* of this petition the subject of the report?

- Yes       No

**If more than one report, fill out the above with the most recent report. For additional reports, all requested information should be provided on a separate page and attached.**

- The following adults 18 or older living in my home are the subjects of reports, as defined in the Social Services Law §412, filed with the Statewide Central Register of Child Abuse and Maltreatment pursuant to Social Services Law §422, that remain under investigation:

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

Date of report: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is the status and what were the circumstances of the report to the extent known?

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Was *the subject* of this petition the subject of the report?

- Yes       No

**If more than one report, fill out the above with the most recent report. For additional reports, all requested information should be provided on a separate page and attached.**

- 11b.**  None of the adults 18 or older living in my home have ever been named in , or were the respondents in child protective proceedings pursuant to Article 10 of the Family Court Act.

- The following adults 18 or older living in my home have been named in, or were the respondents in child protective proceedings pursuant to Article 10 of the Family Court Act:

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

Did the proceedings result in orders finding that the child is an abused or neglected child?

- Yes       No

Date of proceedings: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is the status and what were the circumstances of the proceeding to the extent known?

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Was *the subject* of this petition the subject of the proceedings?

- Yes       No

**If more than one case, fill out the above with the most recent case. For additional cases, all requested information should be provided on a separate page and attached.**

**11c.**  None of the adults 18 or older living in my home have ever been named in Orders of Protection or Temporary Orders of Protection in any criminal, matrimonial or family court proceeding(s).

The following adults 18 or older living in my home have been named in Orders of Protection or Temporary Orders of Protection in criminal, matrimonial or family court proceeding(s):

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

Was this adult protected or restrained by the order?

Protected       Restrained

Docket/Index #: \_\_\_\_\_ Date of order: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is the status and what were the circumstances of the order to the extent known?

\_\_\_\_\_  
\_\_\_\_\_

Was *the subject* of this petition the subject of the order?

Yes       No

**If more than one order, fill out the above with the most recent order. For additional orders, all requested information should be provided on a separate page and attached.**

**12.** The birth parents of *the subject* of this petition [specify names of parents]:

\_\_\_\_\_, although living, should not be appointed guardian of *the subject* because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13a.** Is the person who is *the subject* of this petition over the age of 18, and has he/she consented to the appointment of the guardian?

Yes and a copy of the consent form is attached       No

**13b.** Is the person who is *the subject* of this petition over 14 years of age, but less than 18, and has he/she expressed a preference for the appointment of the guardian?

Yes and a copy of the preference form is attached       No

**14.** There are no persons interested in this petition other than those already listed.

15. Has there been any application made to any court, including a Native American tribunal, for the relief requested herein?

Yes No

Name of Court:

Date of application: / /

16. Check one box:

Wherefore, petitioner requests that an order be entered appointing me(us) to be the guardian(s) of the person until the subject reaches the age of 18 and that letters of guardianship issue.

Wherefore, petitioner requests that an order be entered appointing me(us) to be the guardian(s) of the person until the subject reaches the age of 21 (if the subject is 18 or over) upon his/her consent, and that letters of guardianship issue.

Dated: / /

\_\_\_\_\_  
Petitioner (1) [sign name]

\_\_\_\_\_  
Petitioner (1) [print name]

\_\_\_\_\_  
Petitioner (2) [sign name]

\_\_\_\_\_  
Petitioner (2) [print name]

.....  
VERIFICATION

I am the Petitioner in the above-entitled proceeding and affirm this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true to my own knowledge, except as to those matters stated to be alleged on information and belief and as to those matters I believe them to be true. I understand that this document may be filed in an action or proceeding in a court of law.

\_\_\_\_\_  
Petitioner (1) [sign name]

.....

VERIFICATION

I am the Petitioner in the above-entitled proceeding and affirm this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true to my own knowledge, except as to those matters stated to be alleged on information and belief and as to those matters I believe them to be true. I understand that this document may be filed in an action or proceeding in a court of law.

\_\_\_\_\_  
Petitioner (2) [sign name]

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

Proceeding for the Appointment of a Guardian of

Affirmation and  
Designation for  
Service of Process

\_\_\_\_\_

First M.I. Last

A Person Under the Age of 21

.....

FILE # _____
DOCKET # _____
<i>(Court use only)</i>

\_\_\_\_\_ being duly sworn, deposes and says:

[print name of petitioner]

(1) AFFIRMATION OF GUARDIAN:

I affirm that I am over 18 years of age and that I will well, faithfully and honestly discharge the duties of Guardian of the Person, of the above-named person under the age of 21, according to law, and that I am not otherwise ineligible to receive letters.

(2) DESIGNATION OF CLERK FOR SERVICE OF PROCESS:

That I do hereby designate the Clerk of the Family Court of Nassau County, and his or her successor in office, as a person on whom service of any process issuing from such court may be made, in like manner and with like effect as if it were served personally upon me whenever I cannot be found and served within the State of New York after due diligence used.

I am permanently residing at: [print complete address]

\_\_\_\_\_  
\_\_\_\_\_

VERIFICATION

I am the proposed Guardian in the above-entitled proceeding and affirm this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, under penalties of perjury under the laws of New York, which may include a fine or imprisonment, and that I understand that this document may be filed in an action or proceeding in a court of law.

\_\_\_\_\_  
Petitioner [sign name]



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**REQUEST FOR INFORMATION GUARDIANSHIP FORM**  
*(FOR COURT USE ONLY)*

SCR USE ONLY: Request I.D. #
Date of request: / /

Section 1706 of the Surrogate's Court Procedure Act and Section 81.19(g) of the Mental Hygiene Law require that an inquiry be made of the New York Statewide Central Register of Child Abuse and Maltreatment as to whether the proposed guardian or any other individual eighteen years of age or over who resides in the home of the proposed guardian is a subject of an indicated child abuse or maltreatment report.

RESOURCE ID #	COURT LIAISON	AREA CODE/PHONE # ( ) -
DOCKET FILE #	COURT NAME AND ADDRESS	ZIP CODE

**INFORMATION CONCERNING PROPOSED GUARDIAN(S) AND MEMBERS OF THE HOUSEHOLD - Please Print Clearly.**  
Complete each column for every household member regardless of age. The proposed guardian(s) are listed first with maiden name or alias listed directly below each individual. If there is no maiden name or alias for that individual please write "NONE" in the row underneath that individual's name. For all other household members, indicate his/her relationship to the guardian in the second column using the relationship to guardian code on the reverse of this form. List the maiden name or alias for that household member in the row below their name indicating maiden or alias or "NONE" if applicable.

RELATIONSHIP TO GUARDIAN CODES: (see page 2 for codes)	LAST NAME (Please print clearly)	FIRST NAME (Please print clearly)	MI	SEX	DATE OF BIRTH (mm/dd/yyyy)
(G) Guardian				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
(M) Maiden/alias				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /

Please provide your CURRENT ADDRESS and any PREVIOUS ADDRESSES at which you have resided over the last 28 years, including CITY, STATE, and ZIP CODE for each individual being cleared. Include month/year in the FROM and TO columns. Attach additional pages if necessary.

CURRENT ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM (mo/yr) / /	TO (mo/yr) / /

**ADDRESS HISTORY FOR OTHER PERSON(S) 18 YEARS OLD OR OLDER, RESIDING WITH PROPOSED GUARDIAN.**  
Include month/year in the FROM and TO columns. Attach additional pages if necessary.

LAST NAME & MAIDEN/ALIAS	FIRST NAME	MI
CURRENT STREET ADDRESS	CITY	STATE
PREVIOUS STREET ADDRESS	CITY	STATE
PREVIOUS STREET ADDRESS	CITY	STATE
PREVIOUS STREET ADDRESS	CITY	STATE
PREVIOUS STREET ADDRESS	CITY	STATE
PREVIOUS STREET ADDRESS	CITY	STATE
PREVIOUS STREET ADDRESS	CITY	STATE





**Nassau County Family Court  
Information Sheet**

Print all information. Every box must be filled in. If you do not know the information, print the word UNKNOWN.

FILE # _____
DOCKET # _____
<i>(Court use only)</i>

**Petitioner (Person filing petition)**

Name: (First) _____ (Middle) _____ (Last) _____		
Maiden/Alias/Nickname: (First) _____		(Last) _____
Address: (Street) _____ (City) _____		(Apt. #) _____ (State) _____ (Zip Code) _____ (County) _____
If your residence address and mailing address are different, check here <input type="checkbox"/> , print mailing address in this section and attach a separate paper with your name and residence address.		
If your address is not known to the respondent and you are requesting that your address be kept confidential check box here <input type="checkbox"/> .		
Home Phone #: ( ) -	Work Phone #: ( ) -	Cell Phone #: ( ) -
Date of Birth: / /	Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other [specify]: _____	Ethnic Origin: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> White
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height: ft. in.	Weight: lbs
Social Security #: - -	Eye Color: _____	Hair Color: _____
Distinguishing Marks: _____	Driver's License ID #: _____	State: _____
Are you employed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Employer's Name: _____ Employer's Address: _____		

**Respondent (Person you are filing petition against)**

Name: (First) _____ (Middle) _____ (Last) _____		
Maiden/Alias/Nickname: (First) _____		(Last) _____
Address: (Street) _____ (City) _____		(Apt. #) _____ (State) _____ (Zip Code) _____ (County) _____
If the respondent's residence address and mailing address are different, check here <input type="checkbox"/> , print mailing address in this section and attach a separate paper with the respondent's name and residence address.		
Home Phone #: ( ) -	Work Phone #: ( ) -	Cell Phone #: ( ) -
Date of Birth: / /	Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other [specify]: _____	Ethnic Origin: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> White
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height: ft. in.	Weight: lbs
Social Security #: - -	Eye Color: _____	Hair Color: _____
Distinguishing Marks: _____	Driver's License ID #: _____	State: _____
Is respondent employed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Employer's Name: _____ Employer's Address: _____		



3. consents that [state name of proposed guardian] \_\_\_\_\_ be appointed the guardian of *the subject* and that such letters may be granted to said person or to any other person entitled thereto without notice to the undersigned.

\_\_\_\_\_  
[sign name before a notary]

VERIFICATION

STATE OF \_\_\_\_\_ )

:ss.:

COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_ to me personally known to be the same person described in and who executed the foregoing instrument, and to me such person duly acknowledged that he or she executed the same.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

(Note: If acknowledgment taken outside New York State, Clerk’s Certificate must be attached.)