



**PARENTAL DESIGNATION AND CONSENT TO THE BEGINNING OF  
STANDBY GUARDIANSHIP  
(Estates and Trusts § 13-904)**

**NOTE:** Use this form to designate an adult to be standby guardian of your minor child(ren) if you become mentally incapacitated, physically debilitated, or subject to an adverse immigration action.

- | **Mentally incapacitated:** Your attending physician determines you have a mental impairment that causes a chronic and substantial inability to understand the nature and consequences of decisions about the care of your child(ren). Because of the incapacity, you cannot care for your child(ren).
- | **Physically debilitated:** Your attending physician determines you have a physically incapacitating illness, disease, or injury that causes a chronic and substantial inability to care for your child(ren).
- | **Subject to an adverse immigration action:** You are arrested or apprehended by law enforcement for an alleged violation of federal immigration law; detained by or in the custody of the Department of Homeland Security (DHS) or a federal, state, or local agency authorized by or acting on behalf of DHS; must leave the United States under an order of removal, deportation, exclusion, voluntary departure, expedited removal, or a stipulation of voluntary departure; subject to the denial, revocation, or delay of the issuance of a visa or transportation letter by the Department of State; subject to the denial, revocation, or delay of the issuance of a parole document or reentry permit by DHS; or denied admission or entry into the United States by DHS.

**Designation of Standby Guardian**

I/We, \_\_\_\_\_, designate \_\_\_\_\_,  
Your Name(s) Name of Standby Guardian

whose address is \_\_\_\_\_, whose telephone number is \_\_\_\_\_  
 \_\_\_\_\_ and whose email address (if available) is \_\_\_\_\_,

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

<u>Name of Child(ren)</u>	<u>Date of Birth</u>

**Alternate Standby Guardian**

*Complete this section if you want to name another person to serve as standby guardian if the person named above is unable or unwilling to act as standby guardian of your minor child(ren).*

If the person I/we designate above is unable or unwilling to act as standby guardian for the child(ren), I/we designate \_\_\_\_\_, whose address is \_\_\_\_\_,  
Name of Alternate Standby Guardian

\_\_\_\_\_ , whose telephone number is \_\_\_\_\_  
 and whose email address (if available) is \_\_\_\_\_, as standby

guardian of the  person  property  person and property of my/our minor child(ren).

**Other Parties with Parental Rights**

Complete this section if another person (or persons) has parental rights to the minor child(ren) (e.g., a biological parent or legal guardian).

The following other person(s) has parental rights to the minor child(ren):

Name of person with parental rights: .....

Relationship to minor child(ren): .....

(select one):

- He/She consents to this designation of standby guardian below. (See Consent to Designation of Standby Guardian on page 5 of this form).
- He/She has not consented to the designation of standby guardian because he/she (check all that apply):
  - is mentally or physically unable to give consent
  - abandoned the child
  - no longer has legal custody of the child
  - lives in another country
  - parentage unknown
  - cannot be located and the following efforts have been made to locate him/her:

Name of person with parental rights: .....

Relationship to minor child(ren): .....

(select one):

- He/She consents to this designation of standby guardian below. (See Consent to Designation of Standby Guardian on page 5 of this form).
- He/She has not consented to the designation of standby guardian because he/she (check all that apply):
  - is mentally or physically unable to give consent
  - abandoned the child
  - no longer has legal custody of the child
  - lives in another country
  - parentage unknown
  - cannot be located and the following efforts have been made to locate him/her:

**Consent to the Beginning of the Standby Guardianship**

I/We consent to the beginning of the standby guardianship when (select all that apply):

- the standby guardian receives a determination that I am/we are **mentally incapacitated** (definition on page 1) from my/our attending physician.
- the standby guardian receives a determination that I am/we are **physically debilitated** (definition on page 1) from my/our attending physician and a copy of the birth certificate for each minor child.
- the standby guardian receives evidence that I am/we are **subject to an adverse immigration action (definition on page 1)**.

**Powers and Duties of Standby Guardian of Person**

Complete this section if you want the standby guardian to act as the minor child(ren)'s guardian of the person. A guardian of the person makes non-financial decisions (e.g., housing, medical care, education, clothing, food, and everyday needs).

I/We grant the standby guardian of the person the authority to (check all that apply):

- provide for the child(ren)'s physical and mental well-being, including, providing food and shelter.
- make educational decisions and take educational actions on behalf of the child(ren), including enrolling the child(ren) in school, picking them up from school, making special education decisions, and obtaining educational records.
- make medical treatment decisions for the child(ren), including determining and consenting to medical, psychological, and dental treatment, obtaining information and medical and hospital records, authorizing hospital admissions and discharges, and consulting with health care providers.
- make domestic and international travel arrangements for the child(ren), accompany the child(ren) on trips, and make related arrangements including hotel and other accommodations.
- receive and use public benefits and child support payable on behalf of the minor child(ren).
- take any other action required for the child(ren) as I/we might or could take in the best interest of the child(ren).

Special instructions or limitations (if any):

**Powers and Duties of Standby Guardian of the Property**

Complete this section if you want the standby guardian to act as the minor child(ren)'s guardian of the property. A guardian of the property makes financial decisions (e.g., paying bills or costs to cover the child(ren)'s personal needs, applying for benefits, paying taxes).

I/We grant the standby guardian of the property the authority to (check all that apply):

- apply funds from the guardianship estate needed for the minor child(ren)'s clothing, support, care, protection, welfare, and education.
- apply for public benefits and child support payable on behalf of the minor child(ren).

Special instructions or limitations (if any):

The following is all property in which the minor child(ren) has interest including an absolute interest, a joint interest, or an interest less than absolute (attach additional sheets if needed).

<u>Property</u>	<u>Location</u>	<u>Value</u>	<u>Sole owner, joint owner (specific type), life tenant, trustee, custodian agent, etc.</u>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Termination and Revocation of Standby Guardianship**

I/We understand that the standby guardian's authority will end after 180 days unless by that date the standby guardian petitions the court for appointment as guardian.

I/We also understand that I/we retain full parental rights the standby guardian's authority, and **may revoke the standby guardianship at any time.**

**Designating Parent's Signature**

..... Date ..... Parent 1 Signature .....  
..... Address .....  
..... City, State, Zip .....

..... Date ..... Parent 2 Signature (if applicable) .....  
..... Address .....  
..... City, State, Zip .....

OR

I, ....., sign on behalf of and at the direction of  
..... Name .....  
....., who is/are physically unable to sign this designation.  
..... Name of Parent(s) .....

..... Date ..... Signature .....

**Witnesses to Designation of Standby Guardian Signatures**

We declare that the person(s) whose name appears above signed this document in our presence, or was physically unable to sign and asked another to sign this document, who did so in our presence. We further declare that we are at least 18 years of age and not the person designated as standby guardian or alternate standby guardian.

..... Date ..... Witness 1 Signature .....  
..... Address .....  
..... City, State, Zip .....

..... Date ..... Witness 2 Signature .....  
..... Address .....  
..... City, State, Zip .....

**Standby Guardian Signature(s)**

..... Date ..... Signature of Standby Guardian .....

..... Date ..... Signature of Alternate Standby Guardian (if applicable) .....

**CONSENT TO DESIGNATION OF STANDBY GUARDIAN**

**NOTE:** Use this form if your child is the subject of a designation of a standby guardian and you agree (consent) to the designation.

I, .....  
Your Name

..... of .....  
Name of Parent Making the Designation Name of Standby Guardian

as standby guardian of my minor child(ren), and if necessary .....  
Name of Alternate Standby Guardian (if any)

as alternate standby guardian of my minor child(ren):

Name of Child(ren)

Date of Birth

.....  
.....  
.....  
.....

I agree also to the terms stated above and understand that I retain full parental rights even after the beginning of the standby guardian's authority, and may revoke at any time my consent to the standby guardianship.

..... Date ..... Signature

OR

I, .....  
Name  
.....  
Name of Parent  
....., who is physically unable to sign this designation.

..... Date ..... Signature

**Witnesses to Consent to Designation of Standby Guardian**

We declare that the person whose name appears above signed this document in our presence, or was physically unable to sign and asked another to sign this document, who did so in our presence. We further declare that we are at least 18 years of age and not the person designated as standby guardian or alternate standby guardian.

..... Date ..... Witness 1 Signature

..... Address

..... City, State, Zip

..... Date ..... Witness 2 Signature

..... Address

..... City, State, Zip