Sample for Reference Purposes Only. Forms have bilingual format for your convenience, but must be completed and filed with the court in English. 表格样本,仅供参考。 为了提供便利,表格采用双语格式,但 向法院提交的表格必须用英语填写。



#### STANDBY GUARDIANSHIP

(Estates and Trusts § 13-904)

家长指定与备用监护权开始之同意书 (遗产与信托第13-904条)

**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.

**注意**:如果您在精神上无能力、身体虚弱或会遭受不利移民行动处置,则使用此表格指定一名成年人作为您的未成年子女的备用监护人。

- 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). 精神上无能力: 您的主治医生认为您受到精神损伤,导致您长期而且实质上无能力理解关于照料您子女决定的性质与后果。鉴于无行为能力,您无法照顾您的子女。
- 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).
   身体虚弱: 您的主治医生认为您存在令您的身体失去行为能力的疾病、病症或伤情,导致您长期而且实质上无能力照料您的子女。
- 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. 会遭受不利移民行动处置: 您因被指控违反联邦移民法而被执法机构逮捕或拘捕;被国土安全部 (DHS) 或经 DHS 授权或代表 DHS 行事的联邦、州或地方机关拘留或监护;依据遣返令、驱逐令、遣送令、自愿出境、加速遣返令或者自愿出境条款必须离开美国;被国务院拒绝、撤销或延迟签发签证或通行函;被 DHS 拒绝、撤销或延迟签发签证或通行函;被 DHS 拒绝、撤销或延迟签发签证或通行函;被 DHS

#### **Designation of Standby Guardian**

<b>备用监护人之指定</b>		
I/We,	, designate	
Your Name(s)	Name of Standby	y Guardian
whose address is	, whose	e telephone number is
and whose email address	(if available) is	
as standby guardian of the $\square$ person $\square$ property $\square$	person and property of my/our minor child(ren):	
我/我们,	,指定	
您/你们的姓名	备用监护人姓名	<b>,</b>
其地址是	,其电ì	话号码是
其电子邮箱地址(如有)		
作为我(我们的)未成在子女的 人身 财产	人 身及财产的各田监护人:	

	Name of Child(ren) 子女姓名		<u>te of Birth</u> 生日期	
		<u> </u>	<u> </u>	
Alternate Standby Guardia 另一位备用监护人	n			
unable or unwilling to act as	vant to name another person to standby guardian of your minor 1上所述之人员不能或不愿意抗	child(ren).		
	bove is unable or unwilling to a		rdian for the child(re	· ·
	Name of Alternate Standby Guar		1 .	
and whose email address (if a	vailable) is	whose telephone	number is	as standby quardian
of the person property	vailable) is person and property of my/ou 元能武不原音担任子女之各	ır minor child(ren		_, as standby guardian
如果我/我们指定的上述人员	员不能或不愿意担任子女之备	11111111 / 6, 12/12/	11111111	
				,其地址是
	为一位奋用监扩八姓名 	其电话号码是		
其电子邮箱地址(如有)是				,作为我(我们的)未
	人身及财产的备用监护人	0		
or legal guardian). 如果另一人(或多人)拥有未 The following other person(s)	ner person (or persons) has pare 民成年子女的亲权(例如生身父 ) has parental rights to the mino n parental rights:	) <i>母或法定监护人</i> r child(ren):	),则填写此部分。	
Relationship to mind	or child(ren):			
(select one):  They consent to Guardian on pa	o this designation of standby guage 5 of this form).	ardian below. (See	e Consent to Designa	ation of Standby
	consented to the designation of some of some of some of some of some of some of the child		because he/she (chec	ck all that apply):
	has legal custody of the child			
_	other country			
parentage	•			
	located and the following effort	s have been made	to locate him/her:	
Name of person with	a mamantal ni ahta.			
rianne of derson with	i paithiai fights.			

Relationship to minor child(ren):
(select one):
They consent to this designation of standby guardian below. (See Consent to Designation of Standby
Guardian on page 5 of this form).
They have 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:
以下其他人员拥有未成年子女的亲权:
拥有亲权之人员的姓名:
与未成年子女的关系:
他们同意下文的备用监护人指定。(参阅此表格第 5 页上的《备用监护人指定同意书》)。
他们尚未同意备用监护人之指定,因为他/她 (勾选所有适用项):
精神或身体上无能力表示同意
遗弃了子女
. —
不再拥有子女的法定监护权
居住在另一个国家
父母身份不明
无法联系到,且我们已通过以下努力尽力联系他/她:
拥有亲权之人员的姓名:
与未成年子女的关系:
他们同意下文的备用监护人指定。(参阅此表格第5页上的《备用监护人指定同意书》)。
他们尚未同意备用监护人之指定,因为他/她 (勾选所有适用项):
精神或身体上无能力表示同意
<b>遗弃了子女</b>
不再拥有子女的法定监护权
居住在另一个国家
父母身份不明
无法联系到,且我们已通过以下努力尽力联系他/她:

# 备用监护权开始之同意书 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). 我/我们同意在下列情况下开始备用监护权(选择所有适用项): 备用监护人收到我/我们的主治医生关于我/我们精神上无能力(定义见第1页)的决定。 备用监护人收到我/我们的主治医生关于我/我们 身体虚弱 (定义见第1页)的决定以及各未成年子女的出 生证明副本。 备用监护人收到表明我/我们存在遭受不利移民行动处置(定义见第1页)的证据。 Powers and Duties of Standby Guardian of Person 人身备用监护人的权力与职责 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). 如果您希望备用监护人担任未成年子女的人身监护人,则填写此部分。人身监护人做出非财务决定(例如住房、医疗 护理、教育、衣物、食物及日常需求)。 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). Lake 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): 我/我们授予人身备用监护人以下权力(勾选所有适用项): 保障子女的身体与精神健康,包括提供食物与住所。 代表子女做出教育决定并采取教育行动,包括为子女注册入学、接子女放学、做出特殊教育决定以及 获取教育记录。 为子女做出医疗决定,包括决定并同意医疗、心理及牙科治疗,获取信息和医疗及医院记录,批准入 院及出院,以及咨询医疗护理人员。 为子女安排国内外旅程,在行程上陪伴子女,并进行相关安排,包括酒店和其他住宿。 代表未成年子女接受并使用公共福利和应付的子女抚养费。

Consent to the Beginning of the Standby Guardianship

采取我/我们为符合子女最佳利益而可能或可以采取的任何其他必需行动。

# 特殊指示或限制事项(如有):

财产备用!! Complete t guardian o applying fo 如果您希!	f the property makes financions benefits, paying taxes).	tandby guardian to act as the m al decisions (e.g., paying bills o 子女的财产监护人, 则填写此部	or costs to cover the c	child(ren)'s personal needs,
I/We grant	apply funds from the guprotection, welfare, and	property the authority to (check uardianship estate needed for the deducation.  It and child support payable on	ne minor child(ren)'s	
	or limitations (if any):	.s and eima support payable on	Soluti of the fillion	sima(ren). Special insulactions
我/我们授		力(勾选所有适用项): 或年子女的衣着、抚养、照料、( 公共福利和子女抚养费。特殊技		
	ing is all property in which ts than absolute (attach addit	the minor child(ren) has interest tional sheets if needed).	t including an absolu	ate interest, a joint interest, or ar
	<u>Property</u>	Location	<u>Value</u>	Sole owner, joint owner (specific type), life tenant, trustee, custodian agent, etc.
以下为未成		产,其中包括绝对权益、共有权益		
	<u>财产</u>	<u>地点</u>	<u>价值</u>	唯一拥有人、联名拥有人 (特定类别)、终身受益 人、受托人、保管人代理人 等。_

#### 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.

备用监护权的终止与撤销

**Designating Parent's Signature** 

我/我们明白,备用监护人之权力将于180天后终止,除非在该日期前备用监护人向法院申请被任命为监护人。

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

我/我们也明白,即使备用监护人权力生效后,我/我们仍保留完整亲权,并可随时撤销备用监护权。

指定家长签名			
	Date 日期	-	Parent 1 Signature 家长 1 签名
	H-743		3.K1 E.H
			Address 地址
			City, State, Zip 城市、州、邮政编码
	Date 日期		Parent 2 Signature (if applicable) 家长 2 签名(如适用)
			Address 地址
			City, State, Zip 城市、州、邮政编码
		OR	
		或	
I,			, sign on behalf of and at the direction of
	Name		
	Name of Parent(s)		, who is/are physically unable to sign this designation.
	Date	•	Signature
本人,			,代表
	姓名		
	家长姓名		按其指示签名, 其身体上无能力签署此指定函。
	日期	-	
	口 別		<b>並有</b>

## Witnesses to Designation of Standby Guardian Signatures 见证指定备用监护人的人员签名

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.

我们声明,姓名如上所述的人员在我们见证下签署此文件,或姓名如上所述的人员因身体上无能力进行签署而要求另一人代为签署此文件,代签人员在我们见证下完成此文件的签署。我们进一步声明,我们年满 18 岁,而且并未被指定为备用监护人或另一位备用监护人。

	· · · · · · · · · · · · · · · · · · ·
Date	Witness 1 Signature
日期	证人1签名
ПWI	ML/XI W H
	Address
	地址
	가면서L
	City State 7in
	City, State, Zip
	城市、州、邮政编码
Date	Witness 2 Signature
日期	证人2签名
	Address
	地址
	G': 0: 7'
	City, State, Zip
	城市、州、邮政编码
Standby Guardian Signature(s)	
备用监护人签名	
田川皿小人亦不日	
Date	Signature of Standby Guardian
日期	备用监护人签名
山州	田用血扩入並有
Date	Signature of Alternate Standby Guardian (if applicable)
日期	另一备用监护人签名(如适用)
	力 田用血厂八並有(メルルン用)

#### CONSENT TO DESIGNATION OF STANDBY GUARDIAN

指定备用监护人同意书

NOTE: Use this form if your child is the subject of a designation of a standby guardian and you agree (consent) to the 注意: 如果您的子女将被指定备用监护人而您同意这一指定,请使用此表格。 \_\_\_\_\_, agree with the designation by Your Name \_\_\_\_\_ of \_\_\_\_ Name of Standby Guardian Name of Parent Making the Designation 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): 您的姓名 做出指定的家长姓名 作为我的未成年子女的备用监护人,如有必要 另一位备用监护人(如有)姓名 作为我的未成年子女的另一位备用监护人: Name of Child(ren) Date of Birth 子女姓名 出生日期 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. 此外,我同意上述条款,而且我明白,即使在备用监护人的权力开始后,我依然保留完整的亲权,而且我可随时撤销 同意备用监护权。 Date Signature 日期 签名 OR或 \_\_\_\_\_, sign on behalf of and at the direction of Name , who is physically unable to sign this designation. Name of Parent Date Signature 按其指示签名,其身体上无能力签署此指定函。

家长姓名

日期

签名

## Witnesses to Consent to Designation of Standby Guardian 见证同意指定备用监护人的人员

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.

我们声明,姓名如上所述的人员在我们见证下签署此文件,或姓名如上所述的人员因身体上无能力进行签署而要求另一人代为签署此文件,代签人员在我们见证下完成此文件的签署。我们进一步声明,我们年满 18 岁,而且并未被指定为备用监护人或另一位备用监护人。

Date 日期	Witness 1 Signature 证人 1签名
	Address 地址
	City, State, Zip 城市、州、邮政编码
Date 日期	Witness 2 Signature 证人 2 签名
	Address 地址
	City, State, Zip 城市、州、邮政编码