

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
FAMILY DIVISION

IN RE:

_____ FD _____

NOTICE OF PRESENTATION

To: _____

PLEASE TAKE NOTICE that the within Petition shall be presented before the motions judge in Family Division, Court of Common Pleas of Allegheny County in the Family Court Facility, 440 Ross Street, Pittsburgh, PA 15219, on the _____ day of _____, _____ at 1:30 p.m., before the Honorable _____, or such other judge as may hear motions that day.

TAKE FURTHER NOTICE that if you fail to appear, the Court may, without any further notice to you, grant the request of the Petitioner, which is set forth in the attached pages.

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the within Petition and Notice of Presentation were served upon _____ by first class and certified mail, postage pre-paid at the following address: _____

_____ on the _____ day of _____, _____.

**IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA,
FAMILY DIVISION**

IN RE:

_____ FD _____

PETITION FOR APPROVAL OF STANDBY GUARDIANSHIP DESIGNATION

1. The petitioner who is the _____ of the child(ren) is
(STATE RELATIONSHIP)
_____ currently residing at _____
(NAME) (ADDRESS)

2. The proposed standby guardian is _____,
(NAME OF PROPOSED GUARDIAN)
currently residing at _____.
(ADDRESS OF PROPOSED GUARDIAN)

3. a. Petitioner seeks to designate _____ as
(NAME OF PROPOSED GUARDIAN)
the standby guardian for the following minor children(ren).

NAME	PRESENT RESIDENCE	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. During the past six months, the child(ren) has/have resided with the following persons and at the following address:

(List all persons) (List all addresses) (Dates)

c. The mother of the child(ren) is _____,
currently residing at _____.

d. The father of the child(ren) is _____,
currently residing at _____.

4. The best interest and permanent welfare of the child(ren), will be served by granting the relief requested because

5. _____, parent of the child(ren), although living should not be appointed standby guardian of the person of the child(ren) because:

6. Each parent whose parental rights to the child(ren) have not been terminated and the person who has physical custody of the child(ren) have been notified of the filing of this action.

7. The following exhibits in support of this Petition have been attached hereto (check all that apply):

- _____ Death certificate of non-custodial parent
- _____ Decree terminating the rights of non-custodial parent
- _____ Written determination of incapacity of custodial parent/petitioner
- _____ Written determination of debilitation of custodial parent/petitioner and Consent form completed by custodial parent/petitioner due to his/her physical disability.
- _____ Death certificate of custodial parent/designator

WHEREFORE, the petitioner requests the court to grant this Petition for Approval of Standby Guardianship Designation.

Date: _____

Attorney for

**IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA,
FAMILY DIVISION**

IN RE:

_____ FD _____

VERIFICATION

I verify that the statements made in this Petition for Approval of standby Guardianship Designation are true and correct. I understand that false statements herein are made subject to the penalties of Pa.C.S. §4904 relating to unsworn falsification to authorities.

Date: _____

Petitioner

**IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA,
FAMILY DIVISION**

IN RE:

_____ FD _____

STANDBY GUARDIANSHIP DECREE

AND NOW, this _____ day of _____, _____, upon consideration of the within duly executed Standby Guardianship Designation, it is hereby ORDERED and DECREED, that the Petition for Approval of Standby Guardianship Designation is GRANTED.

Standby Guardian, _____, is to assume shared physical and legal custody of the child(ren) with the designator upon the designator's incapacity or debilitation and execution of a consent form.

Standby Guardian, _____, is to assume primary physical and legal custody of the child(ren) upon the designator's death.

J.

**IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA,
FAMILY DIVISION**

IN RE:

_____ FD _____

STANDBY GUARDIAN DECREE

AND NOW, this _____ day of _____, _____, upon consideration of the within duly executed Standby Guardianship Designation, it is hereby ORDERED and DECREED, that the Petition for Approval of Standby Guardianship Designation is GRANTED.

Petitioner, _____, is awarded shared physical and legal custody of the child(ren) with the designator.

Petitioner, _____, is to assume primary physical and legal custody of the child(ren) upon the designator's death.

J.

**IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA,
FAMILY DIVISION**

IN RE:

_____ FD _____

STANDBY GUARDIAN DECREE

AND NOW, this _____ day of _____, _____, upon consideration of the within duly executed Standby Guardianship Designation, it is hereby ORDERED and DECREED, that the Petition for Approval of Standby Guardianship Designation is GRANTED.

Petitioner, _____, is awarded shared physical and legal custody of the child(ren) with the designator.

J.

STANDBY GUARDIAN DESIGNATION

I, _____, do hereby appoint _____
_____ who resides at _____
_____ as standby guardian of
my minor children:

NAME	DOB	CURRENT RESIDENCE

This designation shall take effect upon the occurrence of the following triggering event or events:

- my incapacity
- my disability with my written consent
- my death

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 guardianship designation.

My relationship to the child(ren) is _____.
_____ is the non-custodial parents of the child(ren).
His/her address is _____
_____.

(Check all that apply):

- He/she died on _____. (Death certificate must be attached to Petition for Approval of Designation).
- His/her parental rights were terminated or relinquished voluntarily on _____. (Court order terminating parental rights must be attached to the Petitioner for Approval of Designation).
- His/her whereabouts are unknown. I understand that all living parents whose rights have not been terminated must be given notice of the Petition for Approval of Standby Guardianship Designation pursuant to the Pennsylvania Rules of Civil Procedure or the Petition for Approval may not be granted by the court.
- He/she consents to this designation and has signed the attached Consent of Non-Custodial Parent form.

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

Optional: I hereby appoint _____ who resides at _____
_____ 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.

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 the designation as standby guardian for my minor child(ren) when I died.

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.

Date

Designator's Signature

I, _____, hereby accept my appointment as standby guardian for the following child(ren):

Name	DOB
_____	_____
_____	_____
_____	_____

I understand that my rights and responsibilities toward the named minor child(ren) 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 for Approval of Standby Guardianship Designation with the court within 60 days of the occurrence of the triggering event if a Petition for Approval has not already been filed by the designator at the time that the triggering event occurs..

Date

Standby Guardian's Signature

Witness Signature

Witness Signature

Number and Street

Number and Street

City, State, Zip code

City, State, Zip code

CONSENT OF NON-CUSTODIAL PARENT

I _____ am the non-custodial parent of the following children:

Name	DOB
_____	_____
_____	_____
_____	_____
_____	_____

I have read and understood the Standby Guardianship Designation regarding my children and I hereby consent to the designation.

Date

Non-Custodial Parent's Signature

MEDICAL DETERMINATION OF INCAPACITY

To Whom It May Concern:

As a physician who has responsibility for the treatment and care of _____ and who is familiar with his/her medical condition, it is my medical determination that she/he presently suffers from _____.

She/he is substantially unable to care for her/his minor child(ren) because she/he is no longer able to understand the nature and consequences of decisions concerning the care of the child(ren). This incapacity is expected to last _____.

Date

Physician's Signature

Physician's Name, Printed

MEDICAL DETERMINATION OF DEBILITATION

To Whom It May Concern:

As a physician who has responsibility for the treatment and care of _____ and who is familiar with his/her medical condition, it is my medical determination that she/he presently suffers from a physically incapacitating disease or injury. This debilitating illness has resulted in a chronic and substantial inability to care for his/her minor child(ren). It is expected to last _____.

Date

Physician's Signature

Physician's Name, Printed

CONSENT FORM

This consent form is executed after careful reflection, while I am of sound mind. My health has deteriorated and has rendered me physically unable to care for my child(ren) without assistance (see attached Determination of Debilitation). Therefore I wish to share authority for my minor child(ren) with the standby guardian that I have designated in the attached designation form which I executed on _____.

I understand that by signing this consent form I am consenting to share legal and physical custody of my children with the designated standby guardian. The standby guardian shall become co-guardian of my children with me immediately upon my signing this consent form. The co-guardian shall have authority to make any and all medial, educational, financial decisions on behalf of my child(ren) as I can do myself. The co-guardian shall make best efforts to consult with me whenever possible concerning important decisions affecting my child(ren)'s welfare, including medical, religious and education decisions.

Date

Designator's Signature

I, _____ hereby accept my appointment as co-guardian of _____
_____. I understand that upon signing this acceptance of appointment, I have immediate shared authority and responsibility for the named child(ren). I understand that in order to continue caring for the child(ren), if the designator has not already filed a Petition for Approval OF standby guardianship, I must file said Petition with the court within 60 days from today.

Date

Standby Guardian's Signature

Witness Signature

Witness Signature

Number and Street

Number and Street

City, State, Zip code

City, State, Zip code