



Standby Guardianship Form

I, _____, do hereby appoint _____, as standby guardian of _____, to take effect upon the occurrence of the following triggering event or events:

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.

I am the _____ of _____.
_____ is the father/mother of _____.
His/her address is: _____.

Check all that apply:

- He/she died on _____.
 His/her parental rights were terminated or relinquished on _____.
 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.

By 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).

I hereby nominate _____ 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 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.

(Date)

(Designator's Signature)

(Witness's Signature)

(Witness's Signature)

(Witness's Address)

(Witness's Address)

(If applicable:) I, _____, hereby consent to this designation.

(Date)

(Signature of Other Parent)

(Address of Other Parent)

I, _____, hereby accept my nomination as standby guardian of _____. 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.

(Date)

(Signature of Standby Guardian)

Form of Individual Acknowledgment by Maker of Standby Guardianship

Commonwealth of Pennsylvania }
County of _____ } SS:

On this, the _____ day of _____, 20____, before me _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is signed to the within standby guardianship and acknowledged that ___he executed it for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seals.

Notary Public

Form of Affidavit for First Witness of Standby Guardianship

Commonwealth of Pennsylvania }
County of _____ } SS:

Before me, the undersigned notary public, personally appeared _____, to me known, who being duly sworn according to law, doth depose and say that ___he witnessed the designator knowingly and voluntarily sign this document by signature or mark in my presence.

Witness' Signature

Subscribed and sworn before me
this ____ day of _____, 20____.

Notary Public

Form of Affidavit for Second Witness of Standby Guardianship

Commonwealth of Pennsylvania }
County of _____ } SS:

Before me, the undersigned notary public, personally appeared _____, to me known, who being duly sworn according to law, doth depose and say that ___he witnessed the designator knowingly and voluntarily sign this document by signature or mark in my presence.

Witness' Signature

Subscribed and sworn before me
this ____ day of _____, 20____.

Notary Public

Pennsylvania Association of Notaries

Phone: 800-944-8790 • Fax: 800-707-7075 • Website: www.notary.org • E-mail: PAN@notary.org