

**PETITION FOR COURT APPROVAL OF  
STANDBY GUARDIAN**

Case No.: .....

Commonwealth of Virginia VA. CODE § 16.1-350, 16.1-352

.....Juvenile and Domestic Relations District Court

*In re* ....., a child under eighteen years of age

.....  
PETITIONER

.....  
RELATIONSHIP OF PETITIONER TO CHILD

.....  
ADDRESS

.....  
CHILD'S ADDRESS

.....  
CHILD'S DATE OF BIRTH

**PARENTS**

.....  
NAME OF FATHER

.....  
NAME OF MOTHER

.....  
ADDRESS

.....  
ADDRESS

Father      Mother      is the qualified parent.

**PROPOSED/DESIGNATED STANDBY GUARDIAN**

.....  
NAME OF PROPOSED/DESIGNATED STANDBY GUARDIAN

.....  
ALTERNATE PROPOSED STANDBY GUARDIAN

.....  
ADDRESS

.....  
ADDRESS

**APPROVAL OF PROPOSED STANDBY GUARDIAN**

1. The Petitioner requests that .....be approved as the standby guardian  
NAME OF PROPOSED STANDBY GUARDIAN

for ..... and .....  
NAME OF CHILD      NAME OF ALTERNATE STANDBY GUARDIAN  
be approved as the alternate.

2. The Petitioner requests that the standby guardian be given authority as a      guardian of the person and/or      guardian of the property of the minor.

3.      There is a significant risk that the qualified parent will imminently become physically or mentally incapable of caring for the child or die as a result of a progressive chronic condition or illness. It is not necessary for the Petitioner to produce medical records to establish this condition at the time of filing of the petition.

4. The proposed triggering event is receipt by the standby guardian of a      determination of incompetence or certificate of death, whichever is earlier; OR      written consent of the qualified parent and filing of the consent with the Court upon the following conditions:

**APPROVAL OF A DESIGNATED STANDBY GUARDIAN**

1. A copy of the written designation of \_\_\_\_\_ as standby guardian for  
NAME OF STANDBY GUARDIAN

\_\_\_\_\_ by \_\_\_\_\_  
NAME OF CHILD NAME OF QUALIFIED PARENT  
is attached.

2. The authority of the designated standby guardian has been triggered by

A determination of incompetence. A copy of the determination is attached.

The death of the qualified parent. A copy of the death certificate is attached.

A determination of debilitation and written consent by the qualified parent to commencement of the authority of the standby guardian. A copy of the determination and the written consent is attached.

A determination of incompetence or debilitation has been made. Determination was made on \_\_\_\_\_ by  
DATE

\_\_\_\_\_  
NAME OF PHYSICIAN

The qualified parent's attending physician is:

\_\_\_\_\_  
NAME AND ADDRESS OF ATTENDING PHYSICIAN

Reasons why the child's other parent is not assuming or should not assume the responsibilities of a standby guardian are:

\_\_\_\_\_

There is \_\_\_\_\_ is not any prior judicial history regarding custody of the child or any pending litigation regarding custody of the child. If so, please provide details and case number, if known:

\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PETITIONER

The Petitioner appeared this date before the undersigned and, upon being duly sworn, made oath that the facts stated in the foregoing petition are true based on the Petitioner's knowledge.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLERK INTAKE OFFICER  
NOTARY PUBLIC (MY COMMISSION EXPIRES \_\_\_\_\_)