

Using This Form

1. Copies (Contact the court to determine if you should bring copies to the Clerk's Office or if copies will be made upon filing.)
 - a. Original – to court
 - b. First Copy – to Petitioner
 - c. Other copies – should be provided to each person who is entitled to notice of the proceeding – parents, if not petitioner, child, proposed standby guardian, proposed alternate standby guardian and any others.
2. This form should be prepared by the Petitioner and acknowledged by the clerk, intake officer or a notary public.
3. Data Elements #1-12 should always be completed. If approval of a proposed standby guardian is requested, the petitioner should complete data elements #13-19. If approval of a designated standby guardian is requested, data elements #20-25 should be completed.
3. If a designated standby guardian is requested, a copy of the written designation must be attached to the petition.

PETITION FOR COURT APPROVAL OF STANDBY GUARDIAN

Case No. 1

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

2 Juvenile and Domestic Relations District Court

In re 3, a child under eighteen years of age

4 PETITIONER

5 RELATIONSHIP OF PETITIONER TO CHILD

ADDRESS

6 CHILD'S ADDRESS

ADDRESS

7 CHILD'S DATE OF BIRTH

PARENTS

8 NAME OF FATHER

9 NAME OF MOTHER

ADDRESS

ADDRESS

10 [] Father [] Mother is the qualified parent.

PROPOSED/DESIGNATED STANDBY GUARDIAN

11 NAME OF PROPOSED/DESIGNATED STANDBY GUARDIAN

12 ALTERNATE PROPOSED STANDBY GUARDIAN

ADDRESS

ADDRESS

[] APPROVAL OF PROPOSED STANDBY GUARDIAN

1. The petitioner requests that 14 be approved as the standby guardian 13 for 15 and 16 be approved as the alternate.

2. The petitioner requests that the standby be given authority as a [] guardian of the person and/or 17 [] guardian of the property of the minor.

3. [] There is a significant risk that the qualified parent will imminently become physically or mentally 18 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 19 consent with the Court upon the following conditions:

.....
.....

To be completed by the clerk

1. Court case number.
2. Court name.
3. Name of child for whom approval of standby guardian is requested.
4. Petitioner's name and address.
5. Relationship of petitioner to child.
6. Child's address.
7. Child's date of birth.
8. Name and address of father.
9. Name and address of mother.
10. Check box to indicate which parent is the qualified parent under the definition in Virginia Code § 16.1-349.
11. Name and address of proposed/designated standby guardian.
12. Name and address of alternate proposed standby guardian, if applicable.
13. Check if approval is requested for a proposed standby guardian.
14. Name of proposed standby guardian.
15. Name of child.
16. Name of alternate standby guardian, if applicable.
17. Check appropriate box(es).
18. Check this box to indicate that the petitioner is requesting this fact.
19. Check the box for the triggering event requested and indicate the conditions, if applicable.

APPROVAL OF A DESIGNATED STANDBY GUARDIAN

1 **2** A copy of the written designation of **3** as standby guardian for
NAME OF STANDBY GUARDIAN

..... **4** by **5**
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.
6 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
7 by
DATE
NAME OF PHYSICIAN

The qualified parent's attending physician is:

..... **8**
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:
9

10 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:

..... **11**
DATE

..... **12**
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.

..... **13**
DATE

..... **14**
 CLERK INTAKE OFFICER
 NOTARY PUBLIC (My commission expires)

Data Elements, *page two of two*

1. Check box if approval of a designated standby guardian is requested.
2. Check this box and attach a copy of the designation.
3. Name of standby guardian.
4. Name of child.
5. Name of qualified parent.
6. Check appropriate box(es) for the triggering event.
7. If applicable, check box and provide date and name of physician.
8. Name and address of qualified parent's attending physician.
9. Insert requested information.
10. Check appropriate box and provide information if applicable and known.
11. Date of signing of petition.
12. Petitioner's signature.

To be completed by person acknowledging the signature of petitioner:

13. Date of acknowledgment.

14. Signature of person taking acknowledgment. Check the appropriate box below the signature line, and if notarized, insert date of expiration of notary's commission.