

DESIGNATION OF STANDBY GUARDIAN

I, _____, want to designate a standby guardian who will care for my
PRINT YOUR NAME
child(ren) if I become unable to take care of them.

1. I state the following about myself:

- a. My name is _____.
- b. My address is _____.
- c. My date of birth is _____.
- d. My telephone number is _____.

2. I state the following about my children:

Child's Name	Current Address	Date of Birth	Gender

3. I hereby designate this person to be the Standby Guardian of my children:

- a. The Standby Guardian's name is _____.
- b. The Standby Guardian's address is _____.
- c. The Standby Guardian's telephone number is _____.

4. If the person I designated is unable to accept for any reason, I hereby designate this person to be the Alternate Standby Guardian of my children:

- a. The Alternate Standby Guardian's name is _____.
- b. Standby Guardian's address is _____.
- c. The Alternate Standby Guardian's telephone number is _____.

5. I state the following with regard to the child(ren)'s non-custodian parent:

- a. The non-custodial parent's name is _____.
- b. The non-custodial parent [CHECK ONE]
 - Lives at _____.
 - Has no known address.
 - Has had his/her parental rights terminated by a court.
 - Is deceased.
 - Is unknown.

6. The Standby Guardian's authority will take effect if any one of these "triggering events" happens:

- a. My written acknowledgment of debilitation and consent to commencement of the standby guardianship; or
- b. A determination by an Attending Clinician that I am physically or mentally unable to care for my child(ren); or
- c. I die prior to the commencement of a judicial proceeding to appoint a guardian of my child(ren).

7. If any one of these “triggering events” happens, my designated Standby Guardian shall have authority to act and shall assume the rights, powers, duties and obligations existing under law between a legal custodian and a child.

8. I understand that I retain full parental rights even after the beginning of the Standby Guardian’s authority, and that I may revoke the standby guardianship at any time.

9. I understand that my Standby Guardian’s authority will end 90 days following the occurrence of any one of these “triggering events” unless by that date my Standby Guardian petitions the court for appointment as guardian.

SIGN YOUR NAME

DATE

PRINT YOUR NAME

Signatures of Two Witnesses

THIS DESIGNATION IS NOT VALID UNTIL IT IS SIGNED BY THE LEGAL CUSTODIAN, OR ANOTHER ADULT IF THE LEGAL CUSTODIAN IS UNABLE TO SIGN. IT MUST BE SIGNED IN THE PRESENCE OF TWO WITNESSES WHO ARE 18 YEARS OLD OR OLDER *AND* WHO ARE NOT THE STANDBY GUARDIAN OR THE ALTERNATE STANDBY GUARDIAN. THE WITNESSES’ SIGNATURES ARE TO SHOW THAT THEY SAW THE LEGAL CUSTODIAN SIGN THIS DOCUMENT (OR SAW ANOTHER ADULT SIGN IF THE LEGAL CUSTODIAN CANNOT SIGN). D.C. CODE §16-4803(D) (2002)

I declare that the designator

- signed this document in my presence, or
- was physically unable to sign and asked another adult to sign this document, and the other adult signed the document in my presence.

I further declare that I am at least 18 years of age and that I am not the person designated as Standby Guardian or Alternate Standby Guardian of the minor child(ren) listed in this document.

Witness:

SIGN YOUR NAME

DATE

PRINT YOUR NAME AND ADDRESS

Witness:

SIGN YOUR NAME

DATE

PRINT YOUR NAME AND ADDRESS

Acceptance of Standby Guardian Designation

Standby Guardian: I accept the designation as Standby Guardian of the children listed on page one of this document.

SIGN YOUR NAME

DATE

PRINT YOUR NAME AND ADDRESS

Alternate Standby Guardian: I accept the designation as Alternate Standby Guardian of the children listed on page one of this document.

SIGN YOUR NAME

DATE

PRINT YOUR NAME AND ADDRESS