

Designation of Standby Guardian
Signing Instructions

- A separate designation should be completed for each of your children
- If both parents are alive, both parents must sign the designation of standby guardian
- Before signing this document fill in all of your personal information, the guardian's personal information, your child's name, and your child's other parent's name in the yellow highlighted areas; it is not necessary to designate an alternate guardian
- This document must be signed in front of two witnesses
- Sign and date on page 2 in front of the two witnesses and print your name below your signature
- Thereafter, the witnesses should read the declaration and sign, date, and print their names and addresses underneath your signature and declaration on page 2
- Thereafter (if applicable) the second parent should sign on page 3 and the witnesses should read the declaration and sign, date, and print their names and addresses underneath the second parent's signature and declaration on page 3
- Once the document is signed, keep it in a safe, fire-proof place, but do not put it in a bank safe deposit box
- You must give a copy to the designated standby guardian and let your agent and/or designated standby guardian know where the original is kept
- The standby guardianship becomes effective when the standby guardian signs a written statement that the specific contingency has occurred. A form of the statement is included at the end of this form.
- The authority of a standby guardian ceases when the specific contingency no longer exists or one year after the date the standby guardianship becomes effective, whichever is earlier. If the standby guardianship is effective at the time of the death of the parent, however, the authority of the standby guardian ceases 90 days after the death of the parent.
- **DO NOT ALTER THE WORDING OF THIS DOCUMENT**

CONNECTICUT

DESIGNATION OF STANDBY GUARDIAN OF A MINOR

C.G.S SECTIONS 45a-624 to 45a-624g

I, _____, residing at _____ do hereby appoint

Name: _____
Address: _____
Telephone: _____

as the standby guardian of my child:

In the event that the person designated above is unable or unwilling to act as guardian to my child, _____, I hereby appoint

Name: _____
Address: _____
Telephone: _____

as alternate standby guardian of my child.

This designation shall take effect if (i) my spouse/child's other parent, _____, should no longer be living or is unable or unwilling to act as guardian for my said child and (ii) upon the occurrence of the following contingency or contingencies:

- (1) my attending physician concludes that I am mentally incapacitated, and thus unable to care for my child; or
- (2) my attending physician concludes that I am physically debilitated, and thus unable to care for my child, and I consent in writing before two witnesses to the designated standby guardian's authority taking effect; or
- (3) upon my death.

I understand that this designation will expire when the specific contingency no longer exists or

one year after the date the standby guardianship becomes effective, whichever is earlier. I further understand that if the standby guardianship is effective at the time of my death, however, the authority of the standby guardian ceases 90 days after my death, unless the standby guardian by such petitions the court for appointment as guardian.

I hereby authorize that the person designated standby guardian as set forth above shall be provided with a copy of the attending physician's statement.

I understand that I retain full parental rights even after the commencement of the standby guardian's authority, and may revoke the standby guardianship at any time.

I further authorize the standby guardian to request, receive and review, and be granted full and unlimited access to, and obtain complete unredacted copies of any and all of health, medical, financial information and/or any information and/or records for the child listed above. This release of authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka "HIPAA"), 42 USC 1320d and 45 CFR 160-164.

This designation is made after careful reflection, while I am of sound mind.

Designator's Signature: _____ **Date:** _____

Print Name: _____

I declare that the person whose name appears above signed this document in my presence, or was physically unable to sign and asked another to sign this document, who did so in my presence. I further declare that I am at least eighteen years old and am not the person designated as standby guardian.

Witness' Signature: _____

Print Name: _____

Address: _____

Witness' Signature: _____

Print Name: _____

Address: _____

Second Parent's Signature: _____ Date: _____

Print Name: _____

I declare that the person whose name appears above signed this document in my presence, or was physically unable to sign and asked another to sign this document, who did so in my presence. I further declare that I am at least eighteen years old and am not the person designated as standby guardian.

Witness' Signature: _____

Print Name: _____

Address: _____

Witness' Signature: _____

Print Name: _____

Address: _____

STATEMENT THAT DESIGNATION OF A STANDBY GUARDIAN
IS IN FULL FORCE AND EFFECT

STATE OF _____)
) ss:
COUNTY OF _____)

I, _____ of [_____, state under penalty of false statement:

THAT _____, of _____, as principal, did on _____, appoint me as standby guardian of _____ and to execute a statement that a specified contingency had occurred.

THAT specified contingency was: _____.

THAT specified contingency has occurred.

IN WITNESS WHEREOF, I have hereunto set my hand and seal under penalty of false statement.

Standby Guardian's Signature: _____

Date: _____

Print Name: _____

Witness' Signature: _____

Print Name: _____

Address: _____

Witness' Signature: _____

Print Name: _____

Address: _____