

SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF NEW YORK

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In the Matter of the Application of
for the Appointment of Guardian for

INDEX NO:
NOTICE OF
PROCEEDING

An Alleged Incapacitated Person,

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1. The alleged incapacitated person (AIP) is _____ . Her home address is _____ ; she is temporarily at _____ .

2. The Petitioners (names and addresses) are:

[1] _____ ;

and

[2] _____ .

3. The following persons will be given Notice of this proceeding: (Include names and addresses of all persons)

[1] _____ , AIP;

[2] _____ , Administrator of _____ Nursing Home;

[3] _____ , Court Evaluator to be appointed by the Court;

[4] _____ , Legal Counsel for the AIP to be appointed by the Court;

[5] _____ ;

[6] _____ ; (Mental Hygiene Legal Services), 26 Broadway, New York NY 10004

[7] _____ ;

[8] _____ , brother of AIP;

[9] _____ , long time close friend of AIP.

4. The Order to Show Cause is returnable at the Supreme Court Building, 60 Centre Street, New York, N.Y., 10007, on the _____ day of _____, 2016, Part XXX, Room _____ at _____.

5. The proceeding is for Appointment of a Guardian for (Name of AIP) pursuant to Mental Hygiene Law Article 81, plus the following relief requested:

Dated: _____

Name

Address

Telephone No:

Attorney for Petitioner

TO: