

DESIGNATION OF STANDBY GUARDIAN

THIS DESIGNATION FORM MAY BE COMPLETED BY A CUSTODIAL PARENT OR A NONPARENT WHO HAS BEEN GRANTED LEGAL AND PHYSICAL CUSTODY OR GUARDIANSHIP OF A CHILD BY A COURT

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 _____.
- e. My relationship to the child(ren) is [CHECK ONE]

I am their custodial parent (biological or adoptive).

I am not their parent but I have physical custody of the child(ren) and have been awarded legal custody or guardianship by a court. (Please attach a copy of the court order to this Designation.)

2. I hereby designate this person to be the Standby Guardian of the child(ren) listed in this Designation:

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

3. If the person I designated is unable to accept for any reason, I hereby designate this person to be the Alternate Standby Guardian of the child(ren) listed in this Designation:

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

4. I state the following about my child(ren):

[NOTE: If the children have different parents or you want to designate a different standby guardian for different child(ren), you need to complete a separate designation form for each child/designee].

Child's Name	Current Address	Date of Birth	Gender

5. I state the following with regard to any parent(s) of the child(ren) and any other person(s) who have legal rights to the child(ren):

a. Name of Parent or Other Person: _____.

i. Relationship to the child(ren) is: [CHECK ONE]

A shared custodial parent or noncustodial parent.

A nonparent who has been granted legal custody or guardianship by a court.

ii. He or she: [CHECK ONE]

Lives at _____.

Has no known address.

Has had his/her parental rights terminated by a court.

Is deceased.

Is unknown.

b. Name of Parent or Other Person (if any): _____.

i. Relationship to the child(ren) is: [CHECK ONE]

- A shared custodial parent or noncustodial parent.
- A nonparent who has been granted legal custody or guardianship by a court.

ii. He or she: [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. I have been diagnosed, in writing, by a licensed clinician to suffer from a chronic condition caused by injury, disease, or illness from which, to a reasonable degree of probability, I may not recover and I:
 - i. Become debilitated, and provide written acknowledgement of debilitation and consent to commencement of the standby guardianship;
 - ii. Become incapacitated as determined by an attending clinician; or
 - iii. Die; or

- b. I have been diagnosed, in writing, by a licensed clinician to suffer from COVID-19 and I:
 - i. Become debilitated, and provide written acknowledgement of debilitation and consent to commencement of the standby guardianship;
 - ii. Become incapacitated as determined by an attending clinician; or
 - iii. Die; or

- c. I have been subject to one or more of the following identified adverse immigration action(s):

INITIAL THE LINE IN FRONT OF ONE OR MORE ADVERSE IMMIGRATION ACTIONS YOU WANT TO BE A TRIGGERING EVENT. IF YOU DO NOT WISH ONE OF THESE ACTIONS TO BE A TRIGGERING EVENT, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT AN ACTION YOU DO NOT WANT TO BE A TRIGGERING EVENT. INITIAL THE LAST LINE IF YOU WANT ALL TO APPLY.

- arrest or apprehension by a local, state or federal law enforcement officer for an alleged violation of federal immigration law;
- arrest, detention, or custody by the Department of Homeland Security or a federal, state, or local agency authorized or acting on behalf of the Department of Homeland Security;
- departure from the United States under an order of removal, deportation, exclusion, voluntary departure, or expedited removal, or a stipulation of voluntary departure;

the denial, revocation, or delay of the issuance of a visa or transportation letter by the Department of State;

the denial, revocation, or delay of the issuance of a parole document or reentry permit by the Department of Homeland Security;

the denial of admission or entry into the United States by the Department of Homeland Security or other local or state officer acting on behalf of the Department of Homeland Security;

all of the above adverse immigration actions.

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/custodial 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 files a Petition for Appointment of Standby Guardian with the DC Family Court. (A Petition form is attached to this Designation.)

10. I understand that when my designated Standby Guardian files the Petition for Appointment of Standby Guardian with the Court, this Designation must be filed with it.

SIGN YOUR NAME

DATE

PRINT YOUR NAME

Signature of First Witness

THIS DESIGNATION IS NOT VALID UNTIL IT IS SIGNED BY THE DESIGNATOR, 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

Signature of Second Witness

THIS DESIGNATION IS NOT VALID UNTIL IT IS SIGNED BY THE DESIGNATOR, 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

Acceptance of Standby Guardian Designation

Standby Guardian: I accept the designation as Standby Guardian of the child(ren) listed in this document.

SIGN YOUR NAME

DATE

PRINT YOUR NAME AND ADDRESS

Acceptance of Alternate Standby Guardian Designation

Alternate Standby Guardian: I accept the designation as Alternate Standby Guardian of the children listed in this document.

SIGN YOUR NAME

DATE

PRINT YOUR NAME AND ADDRESS