

Designation of Standby Guardian

I/We, _____,
PRINT NAME(S)

designate _____ as a standby guardian who will care
FULL NAME OF STANDBY GUARDIAN

for my/our child(ren) if I/we become unable to take care of them.

I. I/We state the following about myself/ourselves:

a. Parent 1:

Full Name _____

Address _____

Date of Birth _____ Phone Number _____

b. Parent 2 (if applicable):

Full Name _____

Address _____

Date of Birth _____ Phone Number _____

II. I/We hereby state this about the above-designated Standby Guardian of my/our child(ren):

a. Full Name _____

b. Address _____

c. Phone Number _____

III. If the person designated above is unable to accept for any reason, I/we hereby designate

_____ **to be the Alternate**
FULL NAME OF ALTERNATE STANDBY GUARDIAN

Standby Guardian of my/our child(ren):

a. Alternate Standby Guardian's Address _____

b. Alternate Standby Guardian's Phone Number _____

IV. I/We state the following about my/our child(ren):

1. Child's Full Name _____

Current Address _____

Date of Birth _____ Gender _____

Is there any other person who has legal rights to the care, custody, or control of this child?

Yes No

If yes, I/we state the following with regard to this person:

▪ Their full name _____

▪ Their address _____

Person is deceased. Parental rights terminated by a court. Information is unknown.

2. Child's Full Name _____

Current Address _____

Date of Birth _____ Gender _____

Is there any other person who has legal rights to the care, custody, or control of this child?

Yes No

If yes, I/we state the following with regard to this person:

▪ Their full name _____

▪ Their address _____

Person is deceased. Parental rights terminated by a court. Information is unknown.

3. Child's Full Name _____

Current Address _____

Date of Birth _____ Gender _____

Is there any other person who has legal rights to the care, custody, or control of this child?

Yes No

If yes, I/we state the following with regard to this person:

▪ Their full name _____

▪ Their address _____

Person is deceased. Parental rights terminated by a court. Information is unknown.

4. Child's Full Name _____

Current Address _____

Date of Birth _____ Gender _____

Is there any other person who has legal rights to the care, custody, or control of this child?

Yes No

If yes, I/we state the following with regard to this person:

- Their full name _____
- Their address _____

Person is deceased. Parental rights terminated by a court. Information is unknown.

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

1. My written acknowledgment of debilitation and consent to commencement of the standby guardianship; or
2. A diagnosis, in writing by a licensed clinician, of a chronic condition due to injury, disease, or illness from which to a reasonable degree of probability I may not recover; AND
 - a) My incapacitation as determined by an attending clinician OR
 - b) My written acknowledgement that I am debilitated; or
3. A diagnosis, in writing by a licensed clinician, of COVID-19 AND
 - a) My incapacitation as determined by an attending clinician OR
 - b) My written acknowledgement that I am debilitated; or
4. A determination by an attending clinician that I am physically or mentally unable to care for my child(ren); or
5. I am subject to an adverse immigration action; or

6. My death prior to the commencement of a judicial proceeding to appoint a guardian for my child(ren).

- VI. **If any one of these “triggering events” happens, the 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.**
- VII. **I/We understand that I/we retain full parental rights even after the beginning of the Standby Guardian’s authority, and that I/we may revoke the standby guardianship at any time.**
- VIII. **I/We 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 the Standby Guardian petitions the court for appointment as guardian.**

Parent 1 Signature

Date

Parent 1 – Print Name

Parent 2 Signature *(if applicable)*

Date

Parent 2 – Print 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).

During a public health emergency declared by the Mayor pursuant to D.C. Code § 7-2304.01, witnesses may observe the signing of the above form electronically, rather than in person. Per D.C. Code § 16-4802(9B), electronically present witnesses in a different physical location than the designator must be able to observe and communicate with the designator and one another to the same extent as if the witnesses and designator were physically present with one another.

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 1:

SIGN YOUR NAME

DATE

PRINT YOUR NAME

PRINT YOUR ADDRESS

Witness 2:

SIGN YOUR NAME

DATE

PRINT YOUR NAME

PRINT YOUR ADDRESS

Acceptance of Standby Guardian Designation

Standby Guardian: I accept the designation as Standby Guardian for the child(ren) listed on page(s) _____ of this document.

SIGN YOUR NAME

DATE

PRINT YOUR NAME

PRINT YOUR ADDRESS

Alternate Standby Guardian: I accept the designation as Alternate Standby Guardian for the child(ren) listed on page(s) _____ of this document.

SIGN YOUR NAME

DATE

PRINT YOUR NAME

PRINT YOUR ADDRESS