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| SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF NASSAU |  |
| ------------------------------------------------------------------XIn the Matter of the Appointment ofAs Guardian for the Personal Needs and Property of An Incapacitated Person.------------------------------------------------------------------X | **COMMISSION FOR PROPERTY AND PERSONAL NEEDS GUARDIAN**Index Number:  |

THE PEOPLE OF THE STATE OF NEW YORK, TO ALL TO WHOM THESE PRESENT SHALL COME, GREETING:

NOW THEREFORE, KNOW YE THAT WE HAVE GRANTED, GIVEN AND COMMITTED, AND BY THESE PRESENTS DO GIVE, GRANT AND COMMIT UNTO THE SAID GUARDIAN THE POWERS AS SET FORTH IN THE ATTACHED COURT CERTIFIED COPY OF THE ORDER & JUDGMENT dated \_\_\_\_\_\_\_\_, 20\_\_\_\_\_ and entered in the office of the Nassau County Clerk on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_ appointing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as Guardian of the Property Management and Personal Needs of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an Incapacitated Person.

WHEREAS, the appointment of Guardian shall be indefinite or until \_\_\_\_\_\_\_\_\_\_\_\_.

PLEASE NOTE: if a certified copy of the order is not attached this Commission is null and void.

Incapacitated Person’s Name:

Incapacitated Person’s Address:

Incapacitated Person’s Phone #:

Guardian’s Name:

Guardian’s Address:

Guardian’s Phone Number:

WITNESS, MAUREEN O’CONNELL, CLERK OF THE COUNTY OF NASSAU, STATE OF NEW YORK, AT 240 OLD COUNTRY ROAD, MINEOLA, THIS \_\_\_\_DAY OF \_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BY THE CLERK OF THE COURT, COUNTY OF NASSAU

NASSAU COUNTY CLERK’S INSTRUCTIONS TO FILE YOUR COMMISSION

*If a bond is required, the court must approve the bond, prior to the filing of your commission*

Please complete attached commission form and submit with a certified copy of the order and judgment to the Nassau County Clerk Office at 240 Old Country Road Mineola, NY 11501.

\*Be sure to amend accordingly Commission name for Co-Guardians, Successor Guardian, Temporary Guardian or Special Guardian.

\*\* Be sure to pick **either** An Incapacitated Person or Person in Need of Guardian.

\*\*\* Dated: the date the judge signed the order and judgment.

Entered: the date the County Clerk “stamps” the order and judgment entered (ask them for entered date).

\*\*\*\* A certified copy of the order and judgment must be purchased at the County Clerk Office and submitted with your completed commission form