INFORMATION AND INSTRUCTIONS
DESIGNATION OF A STANDBY GUARDIAN OF A MINOR
C.G.S. SECTIONS 45a-624 to 624g

1. A parent may use this form to designate a standby guardian of his or her child upon the occurrence of a specified contingency (for example, the parent's illness, death or absence from the country). If a child is being cared for by a court-appointed guardian rather than the child's parents, the court-appointed guardian may designate a standby guardian.
2. If both parents are alive, both must sign the designation of standby guardian (unless a court has removed the parent or terminated his or her parental rights).
3. A copy of the designation must be given to the designated standby guardian.
4. The standby guardianship becomes effective when the standby guardian signs a written statement that the specific contingency has occurred. A form for the statement is included in this material. The standby guardian has the authority and obligations of a guardian of the person of the minor as defined by C.G.S. section 45a-604 (5).
5. The authority of a standby guardian ceases when the specific contingency no longer exists or one year after the date the standby guardian becomes effective, whichever is earlier. If the standby guardian 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.
6. A parent may revoke a designation of the standby guardian at any time by written revocation and notice of the revocation to the standby guardian.
7. The form to designate a standby guardian and the written statement that the designation is in full force and effect are not filed in the Probate Court.
8. If the standby guardian needs to serve as a guardian beyond the expiration periods indicated in Paragraph 5 above, further action is required, such as a petition to the Probate Court for the district in which the minor child resides, is domiciled or is located concerning guardianship.

DESIGNATION OF A STANDBY GUARDIAN OF A MINOR
C.G.S SECTIONS 45a-624 to 45a-624g

I,_____of_____,
(Name of Parent or Court–appointed Guardian) (Street Address)

_____, do hereby appoint_____, of
(City, State, Zip Code) (Name of Standby Guardian)

_____, _____, as standby guardian of
(Street Address) (City, State, Zip Code)

_____,
(Names of Minor Children)

to take effect upon the occurrence of the following contingency or contingencies (insert specific contingency or contingencies):

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

Date: _____

_____
Signature of Parent

_____
Type or Print Name of Parent

_____
Signature of Witness

_____
Type or Print Name of Witness

_____
Street Address of Witness

_____
City, State and Zip Code of Witness

_____
Signature of Witness

_____
Type or Print Name of Witness

_____
Street Address of Witness

_____
City, State and Zip Code of Witness

DESIGNATION OF A STANDBY GUARDIAN OF A MINOR
C.G.S SECTIONS 45a-624 to 45a-624g

Date: _____

_____
Signature of Parent

_____
Type or Print Name of Parent

_____
Signature of Witness

_____
Type or Print Name of Witness

_____
Street Address of Witness

_____
City, State and Zip Code of Witness

_____
Signature of Witness

_____
Type or Print Name of Witness

_____
Street Address of Witness

_____
City, State and Zip Code of Witness

If the designation is made by a court-appointed guardian, the guardian and witnesses must sign below:

Date: _____

_____
Signature of Guardian

_____
Type or Print Name of Guardian

_____
Signature of Witness

_____
Type or Print Name of Witness

_____
Street Address of Witness

_____
City, State and Zip Code of Witness

_____
Signature of Witness

_____
Type or Print Name of Witness

_____
Street Address of Witness

_____
City, State and Zip Code of Witness

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

STATE OF)
) SS:
COUNTY OF)

I_____of_____,
(Name of Standby Guardian) (Street Address)

_____, state under penalty of false statement:
(City, State, Zip Code)

THAT _____,of_____
(Name of Parent or Standby Guardian) (Street Address)

_____, did on_____, 20____ appoint me as standby
(City, State, Zip Code) (Date of Designation)

guardian of _____,
(Names of Minor Children)

and to execute a statement that a specific 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.

Date: _____

_____
Signature of Standby Guardian

_____
Signature of Witness

_____
Type or Print Name of Witness

_____
Street Address of Witness

_____
City, State and Zip Code of Witness

_____
Signature of Witness

_____
Type or Print Name of Witness

_____
Street Address of Witness

_____
City, State and Zip Code of Witness