

ADDING A CO-GUARDIAN CHECKLIST

A CURRENT GUARDIAN CAN REQUEST THE ADDITION OF A CO-GUARDIAN.

Please do not request the addition of *more than one* co-guardian until you discuss with the Surrogate's Court.

COMPLETE THE CO-GUARDIAN FILLABLE FORMS.	
HERE ARE SOME TIPS & REMINDERS:	
<ul style="list-style-type: none"> • Type your information wherever there is <i>blue box</i>. • If you see a blank line, leave it blank, unless it is your own signature line. • Be sure to include and label any Exhibits mentioned in your Complaint. If you cannot find the original Letters of Guardianship, contact the Surrogate's Court and we can help. • You must apply for the <i>same type of Guardianship</i> that was already in place. • Questions? Contact the Surrogate's Court at 908-788-1156 	
1. SUBMIT AN ORIGINAL and A COPY OF THE FOLLOWING DOCUMENTS TO THE SURROGATE'S COURT: (Don't forget to date and sign!)	
	Verified Complaint (<i>attach labeled exhibits – label in bottom right corner as A, B, C, etc.</i>)
	Certification of Criminal and Civil Judgment History
	Order Fixing Hearing Date
	Proposed Order Appointing Co-Guardian(s)
	\$175 filing fee payable to Hunterdon County Surrogate
2. WHEN SIGNED ORDER OF HEARING IS RETURNED TO YOU ALONG WITH YOUR FILED DOCUMENTS:	
	Serve a Set of Your Filed Documents <i>via Certified Mail (Green Return Receipt Requested)</i> to: Living Existing Guardians To proposed co-guardian(s) Next of Kin equal to you (if applicable) <i>You may hand-serve a party if they share your address.</i>
	Complete your Proof of Service and attach GREEN return receipts as they come back to you.
	<i>If applicable</i> , a representative will be in touch with you about setting up your fingerprinting and background searches.
	<i>If applicable (see the last paragraph of the signed Order for Hearing)</i> , submit a fee \$12.00, payable to Charles Jones, LLC, to the Surrogate's Court.
3. 1 WEEK BEFORE YOUR HEARING DATE:	
	FILE your 1) Background Screening Policy Acknowledgment with your representative (<i>not the Surrogate</i>) and 2) Proof of Service with the Surrogate's Court 7 days before the hearing.
4. THE WEEK OF YOUR HEARING DATE:	
	Call or Email the Surrogate's Court to confirm whether an appearance at the hearing is necessary If this is an unopposed application, you probably will <i>not</i> need to appear
5. AFTER YOUR HEARING DATE:	
	Within 14 days of the hearing date, you must qualify with the Surrogate's Court to accept your role as Guardian. Your guardianship is not official until you do so. Contact Heather Lewis to arrange your qualification. There will be a \$50.00 fee for this process, which will include 1 Guardianship Certificate. Extra certificates are \$5.00 each. Payable via cash, check, or card.

NOTE: Adding co-guardians will trigger annual reporting requirements for ALL guardians. A background search will be triggered for the added co-guardian.

SUPERIOR COURT OF NEW JERSEY
 CHANCERY DIVISION – PROBATE PART
 HUNTERDON COUNTY

Docket No. _____

In the Matter of _____)
 _____,)
an incapacitated person)

**VERIFIED COMPLAINT TO APPOINT
 CO-GUARDIAN(S)**

I/we, _____, plaintiff(s) and current guardian(s), by way of verified complaint, say:

1. My/our interest in this action is the welfare of the incapacitated person. I/we have full knowledge of the facts stated herein.
2. My/our current information is as follows:

Name:	Age:	Relationship to IP:
Full Current Address:		
Telephone:	Email:	

Name:	Age:	Relationship to IP:
Full Current Address:		
Telephone:	Email:	

Attach additional pages if necessary.

3. Letters of Guardianship of the _____ Person _____ Person and Property of _____ were previously granted in Hunterdon County, as evidenced by Exhibit A.

4. The current guardian status is as follows:

Name	Deceased?	Being Discharged?	Staying on?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach additional pages if necessary.

5. If this application is due to the death of a guardian or guardians, I/we have attached the death certificate(s) as exhibits.

6. I/we wish for _____ to be appointed as my/our co-guardian(s) because

7. The proposed co-guardian information is as follows:

Name:	Age:	Relationship to IP:
Full Current Address:		
Telephone:	Email:	

Name:	Age:	Relationship to IP:
Full Current Address:		
Telephone:	Email:	

Attach additional pages if necessary.

8. _____ is/are already involved in the incapacitated person's life and activities and, as such, is/are best situated to assume such a role and responsibility.

9. _____ is/are intimately familiar with the incapacitated person's needs and abilities.

10. _____ will make decisions in the best interest of the incapacitated person.

11. _____ shall complete guardianship training as promulgated by the Administrative Director of the Courts, by viewing or otherwise reviewing the Court Appointed Guardian Tutorial posted on the Judiciary's website at: njcourts.gov/courts/civil/guardianship.html and receiving copies of the relevant guardianship training guide(s).

12. _____ shall comply with any background screening policy for proposed guardians of incapacitated adults promulgated by the Administrative Director of the Courts and provided with this Order, including but not limited to fingerprinting.

WHEREFORE, the plaintiff(s) demand(s) an Order appointing _____ as general co-guardian(s) of the Person Person and Property of _____.

Date

Date

Date

Date

VERIFICATION

I/we, _____, hereby certify and say:

1. I am / We are the plaintiff(s) in this matter.
2. The contents of the Verified Complaint for Guardianship are true to the best of my/our knowledge.

Date

Date

EACH proposed guardian must complete this form.

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION – PROBATE PART
HUNTERDON COUNTY

Docket No. _____

In the Matter of _____)

CONSENT OF PROPOSED CO-GUARDIAN

_____,
an incapacitated person)

I, _____, residing at _____
with a date of birth of _____, say:

1. I am aware of the Complaint being filed to request my appointment co-guardian for _____, the incapacitated person.
2. I am already involved in the incapacitated person’s life and activities and, as such, am best situated to assume such a role and responsibility.
3. I am intimately familiar with the incapacitated person’s needs and abilities.
4. I will make decisions in the best interest of the incapacitated person.
5. I shall complete guardianship training as promulgated by the Administrative Director of the Courts, by viewing or otherwise reviewing the Court Appointed Guardian Tutorial posted on the Judiciary’s website at njcourts.gov/courts/civil/guardianship.html and receiving copies of the relevant guardianship training guide(s).
6. I understand that I am required to file annual guardianship reports with the Surrogate’s Court.
7. I shall comply with any background screening policy for proposed guardians of incapacitated adults promulgated by the Administrative Director of the Courts and provided with this Order, including but not limited to fingerprinting.

Date

EACH proposed guardian must complete this form.

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION – PROBATE PART
HUNTERDON COUNTY

Docket No. _____

In the Matter of _____)
_____)

**CERTIFICATION OF CRIMINAL
AND CIVIL JUDGMENT HISTORY**

an incapacitated person)

I, _____, residing at _____
with a date of birth of _____, say:

This certification is made by me in support of an application for a declaration of incapacity and appointment of guardian for _____, the incapacitated person. I am seeking appointment by the court as guardian for the incapacitated person.

I have never been convicted of a crime other than a traffic violation, and no civil judgments (including bankruptcy) have ever been entered against me.

OR

I have been convicted of a crime other than a traffic violation, and/or have criminal charges pending against me, and/or a civil judgment (including bankruptcy) has been entered against me, as listed below:

Charge/Conviction/Civil Judgment	Date	Location

Delete text from unused boxes. Attach additional page if necessary.

I understand that a criminal charge/conviction or civil judgment will not automatically disqualify me from appointment as guardian. Rather, the court will consider whether the charge/conviction or judgment adversely affects my ability to perform duties and responsibilities in the best interests of the incapacitated person or estate.

The history listed above (if any) does not adversely affect my ability to perform the duties and responsibilities of guardianship in the best interests of the incapacitated person because: *If applicable, explain here*

I hereby certify and say that the foregoing statements made by me are true to the best of my knowledge, and that I will supplement this form as may be necessary should additional information become available. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION – PROBATE PART
HUNTERDON COUNTY

Docket No. _____

In the Matter of _____)
_____)

**ORDER FIXING CO-GUARDIANSHIP
HEARING DATE**

an incapacitated person)

THIS MATTER having been opened to the Court by plaintiff, for an order appointing co-guardian(s) of the **person and/or estate (property)** of _____, pursuant to applicable New Jersey statutes and Rules of Court, and for such other relief as the court may deem just, and the court having read and considered the verified complaint, the supporting certifications or affidavits, and all other papers and pleadings filed in this matter, and for good cause shown:

IT IS on this ____ day of _____, 20____, ORDERED that:

1. This matter be set down for hearing before this court at the Hunterdon County Courthouse at 65 Park Avenue, Flemington, New Jersey, on the ____ day of _____, 20____ *at a time to be determined* or as soon thereafter as plaintiff may be heard, to appoint a co-guardian for _____.
2. A copy of the verified complaint, supporting affidavits or certifications and this Order shall also be served on all the next-of-kin and other parties-in-interest identified in the verified complaint by certified mail, return receipt requested at least 20 days prior to the date scheduled for the hearing.
3. The plaintiff shall file with the County Surrogate a proof of service of the pleadings required by this order to be served on the incapacitated person and the parties in interest no later than 7 days before the date this matter is scheduled to be hearing.
4. Any next-of-kin and other party-in-interest who wishes to be heard with respect to any of the relief requested in the verified complaint shall file with the Surrogate of Hunterdon County at 65 Park Avenue, PO Box 2900, Flemington, NJ 08822, together with the applicable filing fee and serve upon the attorney for the plaintiff and the attorney for the incapacitated person at the address set forth above, a written answer, an answering affidavit, a motion returnable on the date this matter is scheduled to be heard or other written response 10 days before the date this matter is scheduled to be heard.
5. If applicable, any proposed guardian shall complete guardianship training as promulgated by the Administrative Director of the Courts, by viewing or otherwise reviewing the Court Appointed Guardian Tutorial posted on the

Judiciary's website at njcourts.gov/courts/civil/guardianship.html and receiving copies of the relevant guardianship training guide(s).

6. If applicable, any proposed guardian shall comply with any background screening policy for proposed guardians of incapacitated adults promulgated by the Administrative Director of the Courts and provided with this Order, including but not limited to fingerprinting.

JUDGE TO SELECT ONE:

Based on the value of the guardianship estate, the background screening shall include a Charles Jones search, with costs to be paid by the proposed guardian.

OR

Based on the value of the guardianship estate, a Charles Jones search is not required.

J.S.C.

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION – PROBATE PART
HUNTERDON COUNTY

Docket No. _____

In the Matter of _____)
_____,)
an incapacitated person)

**ORDER APPOINTING
CO-GUARDIAN(S)**

THIS MATTER being opened to the Court by way of Verified Complaint filed by _____, *pro se* plaintiff(s), and no demand having been made for a jury trial, and the Court sitting without a jury having found from the pleadings and proofs given, that _____ consent(s) to serve as Co-Guardian(s) of the incapacitated person, and for good cause shown:

IT IS on this ___ day of _____, 20 ___, ORDERED AND ADJUDGED that:

1. _____ was previously adjudicated an incapacitated person on _____ and is unfit and unable to govern himself/herself and manage his/her affairs.
2. _____ is/are hereby appointed to serve as Co-Guardian(s) of the incapacitated person, along with existing guardians _____.
3. GUARDIANSHIP TYPE: This is a guardianship:
As to the Person: General Limited
As to the Estate: General Limited
Firearms: Pursuant to 18 U.S.C. 922(g)(4), the incapacitated person does not retain the right to possess firearms.

Limited Guardianship: The incapacitated person is able at this time to govern himself/herself and manage his/her own affairs with respect to the following areas:

4. GUARDIAN APPOINTMENT: _____ be and hereby is/are appointed Co-Guardian(s) of the incapacitated person and Letters of Co-Guardianship shall be issued upon his/her/their (a) qualifying according to law not later than 14 days after the date of this order, (b) acknowledging to the Surrogate completion of guardianship training and receipt of the guardianship training guides, (c) acknowledging compliance with any background screening policy for proposed guardians promulgated by the Administrative Director of the Courts, and (d) unless waived for extraordinary reasons, entering into a surety bond unto the Superior Court of New Jersey in the amount of \$ _____, which bond shall contain the conditions set forth in *N.J.S.A. 3B:15-7* and *R. 1:13-3*. The court shall approve the bond as to form and sufficiency.
5. Upon qualifying, the Surrogate shall issue Letters of Co-Guardianship to the Co-Guardian(s), and thereupon the Co-Guardian(s) be and hereby is/are authorized to perform all the functions and duties of a Co-Guardian as allowed by law, except as limited herein or in areas where the incapacitated person retains decision making rights.
6. In exercising the authority conferred by this Order, the guardian(s) shall:
- Ascertain and consider those characteristics of the incapacitated person which define his/her uniqueness and individuality, including but not limited to likes, dislikes, hopes, aspirations, and fears;
 - Encourage the incapacitated person to express preferences and participate in decision-making;
 - Give appropriate deference to the expressed wishes of the incapacitated person;
 - Protect the incapacitated person from injury, exploitation, undue influence, and abuse;
 - Promote the incapacitated person's right to privacy, dignity, respect, and self-determination; and
 - Make reasonable efforts to maximize opportunities and individual skills to enhance self-direction.
7. GUARDIAN LIMITATIONS: *If applicable*, the authority of the guardian(s) is limited as follows, and all limitations shall be stated in Letters of Guardianship:
- The Co-Guardian(s) of the Estate may not alienate, mortgage, transfer or otherwise encumber or dispose of real property without court approval.
- The Co-Guardian(s) of the Estate may not exercise authority over any property or income of the incapacitated person in excess of \$ _____ without court approval.
- _____
_____.
8. No guardian shall duplicate commissions or fees for services.
9. The Co-Guardian(s) appointed hereunder shall be considered the personal representatives under the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") issued pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), and shall have full and complete access to all records of the incapacitated person.

10. The Co-Guardian(s) shall have an ongoing duty to comply with any background screening policy promulgated by the Administrative Director of the Courts by disclosing any changes to their criminal or civil judgment history on the Report of Guardian Cover Page filed with the report(s) required in paragraphs 12-14 below.

11. INVENTORY:

The Co-Guardian(s) shall co-sign and file with the Court an inventory of all of the incapacitated person's property and income, within 90 days. This will be due by _____.

Said inventory shall be available for inspection by any party in interest in this guardianship action, upon request to the Surrogate's Court to review the inventory.

OR

The requirement to file an inventory is hereby waived.

12. REPORTING AS TO THE PERSON: Co-Guardian(s) of the Person shall file annually a Report of Well-Being, which is to include Guardian Cover Page(s) and Certification of Examining Professional.

13. REPORTING AS TO THE ESTATE (PROPERTY): Co-Guardian(s) of the Estate shall file annually, along with a Guardian Cover Page, the following:

Formal Accounting (presumptive if guardianship estate valued over \$5,000,000) - *If an informal accounting is ordered, it does not replace or satisfy the duty to file and bring on for approval a formal accounting as required by law or as ordered by the court;*

Comprehensive Accounting (presumptive if guardianship estate valued \$1,000,000-\$5,000,000);

EZ Accounting (presumptive if guardianship estate valued under \$1,000,000);

Copy of the Social Security Representative Payee Report (presumptive if guardian is also representative payee for Social Security benefits and incapacitated person has no other assets or income, except where guardian is exempt from filing pursuant to 42 U.S.C. 405(j)(3)(D));

OR

The filing of Periodic Accounting is hereby waived due to lack of assets to report.

14. The Annual Reports are to be filed with the County Surrogate by _____ of every year beginning in _____. The report(s) shall be made available to any party in interest entitled to review pursuant to R. 1:38-3(e)

15. The Co-Guardian(s) is/are hereby directed to advise the County Surrogate within ten (10) days of any changes in the address, telephone number, or email address of himself/herself or the incapacitated or within thirty (30) days of the incapacitated person's death or any major change in status or health. If the incapacitated person dies during the guardianship, the Guardian(s) shall notify the Surrogate in writing and forward a copy of the death certificate upon receipt, along with any outstanding or final accountings as applicable.

16. The Co-Guardian(s) is/are agent(s) of the court and shall cooperate fully with any court staff, Surrogate staff, or volunteers until the guardianship is terminated by the death or return to capacity of the incapacitated person, or the Guardians' death, removal or discharge.
17. Any advance directive for healthcare previously executed by the incapacitated person is voided as to proxy designation, but the Co-Guardian shall consider the preferences expressed in such advance directive.
18. This Order shall be served upon the Co-Guardian(s) and all interested parties and within seven (7) days of receipt.

J.S.C.

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION – PROBATE PART
HUNTERDON COUNTY

Docket No. _____

In the Matter of _____)

PROOF OF SERVICE

_____,
an incapacitated person)

I, _____, of full age, hereby certify and say:

1. On _____, I served the adult next of kin, existing guardians, and/or proposed co-guardian(s) *via certified mail* (or hand-service) with the following documents:

- Verified Complaint with any attachments
- Certification of Criminal and Civil Judgment History
- Order for Hearing

fill in by hand

Name	Relationship	Address	Date Served	Service Type

2. Copies of all (green) return receipt cards for certified mail are attached hereto.

I hereby certify that the statements made by me in this document are true. I am aware that if any are willfully false, I am subject to punishment.

Date: _____