

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

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In the Matter of the Application of

_____, as Administrator of
_____ Nursing Home

Index No. _____

For the Appointment of a Special
Guardian of

VERIFIED PETITION
FOR A SPECIAL
GUARDIAN

An Alleged Incapacitated Person.

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TO: THE SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____:

The petition of _____, Administrator of _____ Nursing Home, respectfully shows:

1. Your Petitioner is the Administrator of _____ Nursing Home, [Address], telephone (____) _____, the nursing facility where _____, an alleged incapacitated person, is confined and I am fully acquainted with the facts and circumstances stated herein.

2. This petition is made to the Court for the appointment of a Special Guardian of the property of _____ pursuant to section 81.16 of Mental Hygiene Law to properly dispose of excess assets of the alleged incapacitated person in a sum of approximately \$ _____ so that _____ can remain eligible for Medicaid benefits for her care and maintenance at _____ Nursing Home, and to establish a personal account for _____ pursuant to Social Services Law in a sum to be fixed by the Court, and to apply such part of the said excess assets to past due NAMI amounts required to be paid by her and the balance thereof, if any, to be paid to the Department of Social Services of the city of _____ on account of its claim for Medicaid benefits previously paid on behalf of the alleged incapacitated person.

3. _____, the person alleged to be incapacitated, is ____ years of age; her date of birth is _____; and, upon information and belief, she has no probable distributees or next of kin. _____ has been residing at the _____ Nursing Home, [Address], telephone (____) _____, since [date]. Previously she had been admitted to