

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

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In the Matter of the Application
for the Appointment of a
Guardian of

Index No. _____

_____ ,

AFFIDAVIT OF
RESPONSIBILITY OF
COURT EVALUATOR

A Person Alleged To Be Incapacitated

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STATE OF NEW YORK)
) SS.:
COUNTY OF _____)

I, _____, being duly sworn, depose and say:

1. I am an attorney-at-law duly admitted to practice law in the state of New York, and maintain an office address at _____. That by an Order of this Court dated _____, I was duly appointed Court Evaluator for _____.

2. I am fully competent to understand and protect the rights and interests of said _____ in this proceeding.

3. I have no interests adverse to those of said _____ nor am I connected in business with any of the parties in this proceeding nor any of their attorneys, nor was I nominated by any party having an adverse interest.

4. I am of sufficient ability to answer to the said _____ for any damages which may be sustained by any negligence or misconduct on my part as such Court Evaluator, and am worth more than \$1,000 [or other amount] in property over and above any just debts and liabilities exclusive of property exempt by law from levy and sale under execution.

[Name of Court Evaluator]

Sworn to before me this
____ day of _____, ____.

Notary Public