FAMILY SAFETY PLANNING

PRESENTED BY
STANDBY GUARDIANSHIP PROJECT, INC.
WITH ASSISTANCE FROM
PRO BONO MARYLAND'S TOOL KIT FOR
FAMILY SAFETY PLANNING,
PEOPLES' LAW LIBRARY OF MARYLAND
(FAMILY SAFETY PLANNING) &
IMMIGRANT LEGAL RESOURCE CENTER

FAMILY SAFETY PLANNING

- Parents are the safety net for their children to make sure they get the care and attention they need to thrive and feel safe.

- **Every parent** needs to create a safety plan for their children in the event the parent is unable to care for his/her children.



STEPS FOR CONSIDERATION



COLLECT AND ORGANIZE

Collect and organize all the information that is relevant to you and your children's wellbeing.



THINK AND CONSIDER

Think about and consider who is the best person to care for your children if you or the other parent were unable to care for them.



DECIDE

Decide if you need to create any legal forms to protect your children's health and wellbeing.

STEP 1

COLLECT & ORGANIZE



Collect, copy and maintain important documents related to you and your children.

Keep documents in one place, such as a folder or binder.

DOCUMENT CHECKLIST

- ❑ Children's Birth Certificates with the parent's names listed
- ❑ Copy of each parent's Passport
- ❑ Birth Certificate of Mother
- ❑ Birth Certificate of Father
- ❑ Copy of other form of ID such as a Drivers' License
- ❑ Marriage License
- ❑ Children's Passports (consider applying for them)

DOCUMENT CHECKLIST CONTINUED

- ❑ Standby Guardianship Parental Designation/Consent form
- ❑ Power of Attorney (Medical or Financial if you made one)
- ❑ Social Security Cards for Children, if applicable
- ❑ Completed Important Child Information Form for each child (Emergency contact info)
- ❑ Each parent's full name, date of birth and country of origin and A # if applicable

IMPORTANT CHILDREN'S INFORMATION

Keep this information so those you designate to care for your children in your absence have all the information they need.

Childs Name
Date of Birth
Child's Cell Phone Number (if applicable)
School
School Address
School Phone Number
Teacher's Name
Classroom Number
Afterschool Program
Afterschool Program Phone Number
Other Camp/Sports/Program
Other Camp/Sports/Program Phone Num
Allergies
Medical conditions
Medications
Doctor's Phone Number
Doctor's Address
Health Insurance

Emergency Numbers
Immediate Emergency
Police Department
Fire Department
Poison Control
Family Contacts
Mother/Parent/Guardian
Home Phone
Cell Phone
Work Address
Work Phone
Father/Parent/Guardian
Home Phone
Cell Phone
Work Address
Work Phone

STEP 2

THINK & CONSIDER





QUESTIONS TO CONSIDER

1. Who would you like to take care of your children?
2. How long would you ask them to take care of your children?
3. What is his/her relationship to your children?
4. Will your child agree to live with this person you have identified as the best person?
5. Have you asked your child who is of a discerning age whether he/she feels safe with the person you have selected?
6. Do you want your children to stay in the U.S. or join you?

QUESTIONS TO CONSIDER CONTINUED

7. Would your children need to change schools?
8. Are there other adults living in the home of the person you would like to care for your children? Does that raise any safety issues for you?
9. Do you want this person to make medical and school decisions for your children?
10. Do you want this person to be able to make travel arrangements or to travel with your children?
11. Do you need to change the emergency contact form at your children's schools and day care centers?

THINK AND CONSIDER

- Speak with the person you hope will agree to care for your children in the event of an emergency.

- If he/she agrees, you will need to sit down and explain to your children about the safety plan.





STEP 3

DECIDE



Decide which documents you want to use to ensure the safety of your children.

MARYLAND OPTIONS

- Parental Designation and Consent to Standby Guardianship form
- Emergency Contact Forms for School/Daycare
- Medical Power of Attorney
- Car Power of Attorney
- Power of Attorney for Financial Issues

THE LAWS CHANGE.
IT IS WISE TO HAVE A CONSULTATION WITH AN IMMIGRATION ATTORNEY TO SEE WHICH OPTIONS MAKE THE MOST SENSE.

EMERGENCY NOTIFICATION PLAN

IT IS IMPORTANT TO CREATE AN EMERGENCY NOTIFICATION PLAN



- **Be sure that there are 2 emergency contacts/phone numbers in your children's backpacks.**
- **Both contacts MUST be listed on the school/day care emergency contact forms.**

If the appointed emergency contact cannot locate the children at their school or home, contact:
Maryland Department of Human Services Child Protective Services on the 24/7 Hotline: 800-332-6347.

- Person calling must have the children's full names and dates of birth.

STANDBY GUARDIANSHIP – PRIVATE PHASE

- Parents choose trusted individual to serve as the Standby Guardian and be responsible for caring for their minor children in the event the parents experience one of the following triggering events:
  - Mentally incapacity
  - Physically debilitation due to an illness or injury
  - An adverse immigration action such as detention or deportation
- Parents keep all parental rights and can revoke guardianship at any time
- The Standby Guardianship begins only once both parents experience emergency event
- Then, the Standby Guardianship lasts for 180 days

Standby Guardianship - Court Phase

- For the Standby Guardianship to continue beyond 180 days, the Standby Guardian must petition the Court at least one month before the end of the 180 days
- In the court phase, Standby Guardianships are subject to the same Maryland court rules and laws as all other guardianships.
- The Standby Guardian needs to seek legal counsel or go to a legal clinic for assistance with filing the petition
- Court will hold a hearing in all cases.
- Court can order an attorney to represent the minor or order a court investigator.
- Wishes of a child over the age of 14 are requested in the Petition.
- If the Standby Guardian has served more than 3 months, they must provide child/ren's health care records, most recent school progress reports, and any court forms related to the child/children
- **If appointed, the Standby Guardian can serve until the parent revokes it or the child reaches the age of majority, whichever first occurs.**

FORMS FOR MARYLAND OPTIONS

The following slides highlight the key sections of the following forms available in Maryland:

- Parental Designation and Consent to the Beginning of Standby Guardianship form
- Medical Power of Attorney
- Maryland DOT Car Power

PARENTAL DESIGNATION AND CONSENT TO THE BEGINNING OF STANDBY GUARDIANSHIP

(Estates and Trusts § 13-904)

NOTE: Use this form to designate an adult to be standby guardian of your minor child(ren) if you become mentally incapacitated, physically debilitated, or subject to an adverse immigration action.

- **Mentally incapacitated:** Your attending physician determines you have a mental impairment that causes a chronic and substantial inability to understand the nature and consequences of decisions about the care of your child(ren). Because of the incapacity, you cannot care for your child(ren).
- **Physically debilitated:** Your attending physician determines you have a physically incapacitating illness, disease, or injury that causes a chronic and substantial inability to care for your child(ren).
- **Subject to an adverse immigration action:** You are arrested or apprehended by law enforcement for an alleged violation of federal immigration law; detained by or in the custody of the Department of Homeland Security (DHS) or a federal, state, or local agency authorized by or acting on behalf of DHS; must leave the United States under an order of removal, deportation, exclusion, voluntary departure, expedited removal, or a stipulation of voluntary departure; subject to the denial, revocation, or delay of the issuance of a visa or transportation letter by the Department of State; subject to the denial, revocation, or delay of the issuance of a parole document or reentry permit by DHS; or denied admission or entry into the United States by DHS.

Designation of Standby Guardian

I/We, _____,
Your Name(s)

designate _____,
Name of Standby Guardian

whose address is _____,

whose telephone number is _____and whose e-mail address (if available) is _____, as standby guardian of the

☐ person ☐ property ☐ person and property of my/our minor child(ren):

Name of Child(ren)	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Alternate Standby Guardian

Complete this section if you want to name another person to serve as standby guardian if the person named above is unable or unwilling to act as standby guardian of your minor child(ren).

If the person I/we designate above is unable or unwilling to act as standby guardian for the child(ren), I/we designate _____, whose address is
Name of Alternate Standby Guardian

_____, whose telephone number is _____

and whose e-mail address (if available) is _____, as standby guardian of the ☐ person ☐ property ☐ person and property of my/our minor child(ren).

Other Parties with Parental Rights

Complete this section if another person (or persons) has parental rights to the minor child(ren) (e.g., a biological parent or legal guardian).

The following other person(s) has parental rights to the minor child(ren):

Name of person with parental rights:_____

Relationship to minor child(ren):_____

(select one):

☐ They consent to this designation of standby guardian below. (See Consent to Designation of Standby Guardian on page 5 of this form).

☐ They have not consented to the designation of standby guardian because they (*check all that apply*):

- ☐ are mentally or physically unable to give consent
- ☐ abandoned the child
- ☐ no longer have legal custody of the child
- ☐ live in another country
- ☐ have unknown parentage
- ☐ cannot be located and the following efforts have been made to locate them:

Consent to the Beginning of the Standby Guardianship

I/We consent to the beginning of the standby guardianship when *(select all that apply)*:

- ☐ the standby guardian receives a determination that I am/we are **mentally incapacitated** (definition on page 1) from my/our attending physician.
- ☐ the standby guardian receives a determination that I am/we are **physically debilitated** (definition on page 1) from my/our attending physician and a copy of the birth certificate for each minor child.
- ☐ the standby guardian receives evidence that I am/we are **subject to an adverse immigration action (definition on page 1).**

Powers and Duties of Standby Guardian of Person

Complete this section if you want the standby guardian to act as the minor child(ren)'s guardian of the person. A guardian of the person makes non-financial decisions (e.g., housing, medical care, education, clothing, food, and everyday needs).

I/We grant the standby guardian of the person the authority to (*check all that apply*):

- ☐ provide for the child(ren)'s physical and mental well-being, including, providing food and shelter.
- ☐ make educational decisions and take educational actions on behalf of the child(ren), including enrolling the child(ren) in school, picking them up from school, making special education decisions, and obtaining educational records.
- ☐ make medical treatment decisions for the child(ren), including determining and consenting to medical, psychological, and dental treatment, obtaining information and medical and hospital records, authorizing hospital admissions and discharges, and consulting with health care providers.
- ☐ make domestic and international travel arrangements for the child(ren), accompany the child(ren) on trips, and make related arrangements including hotel and other accommodations.
- ☐ receive and use public benefits and child support payable on behalf of the minor child(ren).
- ☐ take any other action required for the child(ren) as I/we might or could take in the best interest of the child(ren).

Special instructions or limitations (if any):

Powers and Duties of Standby Guardian of the Property

Complete this section if you want the standby guardian to act as the minor child(ren)'s guardian of the property. A guardian of the property makes financial decisions (e.g., paying bills or costs to cover the child(ren)'s personal needs, applying for benefits, paying taxes).

I/We grant the standby guardian of the property the authority to (*check all that apply*):

☐ apply funds from the guardianship estate needed for the minor child(ren)'s clothing, support, care, protection, welfare, and education.

☐ apply for public benefits and child support payable on behalf of the minor child(ren).

Special instructions or limitations (if any):

The following is all property in which the minor child(ren) has interest including an absolute interest, a joint interest, or an interest less than absolute (*attach additional sheets if needed*).

Property	Location	Value	Sole owner, joint owner (specific type), life tenant, trustee, custodian agent, etc.

Termination and Revocation of Standby Guardianship
I/We understand that the standby guardian's authority will end after 180 days unless by that date the standby guardian petitions the court for appointment as guardian.

I/We also understand that I/we retain full parental rights even after the beginning of the standby guardian's authority and **may revoke the standby guardianship at any time.**
Designating Parent's Signature

Date

Parent 1 Signature

Street Address

City, State, Zip

Date

Parent 2 Signature *(if applicable)*

Street Address

City, State, Zip

OR

I, _____ (Name), sign on behalf of and at the direction of

_____ (Name of Parent(s)), who is/are physically unable to sign this designation.

Date

Signature

Witnesses to Designation of Standby Guardian Signatures
We declare that the person(s) whose name appears above signed this document in our presence or was physically unable to sign and asked another to sign this document, who did so in our presence. We further declare that we are at least 18 years of age and not the person designated as standby guardian or alternate standby guardian.

Date

Witness 1 Signature

Street Address

City, State, Zip

Date

Witness 2 Signature

Street Address

City, State, Zip

Standby Guardian Signature(s)

Date

Signature of Standby Guardian

Date

Signature of Alternate Standby Guardian *(if applicable)*

CONSENT TO DESIGNATION OF STANDBY GUARDIAN

NOTE: Use this form if your child is the subject of a designation of a standby guardian and you agree (consent) to the designation.

I, _____ (Your Name), agree with the designation by

_____ (Name of Parent Making the Designation) of _____ (Name of Standby Guardian)

as standby guardian of my minor child(ren), and if necessary _____ (Name of Alternate Standby Guardian (if any))

as alternate standby guardian of my minor child(ren):

Name of Child(ren)	Date of Birth

I agree also to the terms stated above and understand that I retain full parental rights even after the beginning of the standby guardian's authority and may revoke at any time my consent to the standby guardianship.

_____ (Date) _____ (Signature)

OR

I, _____ (Name), sign on behalf of and at the direction of

_____ (Name of Parent), who is physically unable to sign this designation.

_____ (Date) _____ (Signature)

Witnesses to Consent to Designation of Standby Guardian

We declare that the person whose name appears above signed this document in our presence or was physically unable to sign and asked another to sign this document, who did so in our presence. We further declare that we are at least 18 years of age and not the person designated as standby guardian or alternate standby guardian.

_____ (Date) _____ (Witness 1 Signature)

_____ (Street Address)

_____ (City, State, Zip)

_____ (Date) _____ (Witness 2 Signature)

_____ (Street Address)

_____ (City, State, Zip)

Medical Power of Attorney

Maryland Law prohibits medical facilities from providing any type of medical care beyond life-saving treatment to ill or injured minor children without parental consent. This Medical Power of Attorney enables the person you appoint as your agent to consent to your child(ren)'s medical care when you are away or when you cannot attend an appointment with your child.

I (We), _____
Full Name of Parent(s)

of _____
Address of Parent(s)

being the parent(s) of the minor child(ren) listed below, hereby appoint:

_____
Full Name of Person Appointed as Agent

as my (our) true and lawful attorney in fact ("Agent") with full power to act in loco parentis, to decide upon, consent to, arrange for, and authorize any medical, dental, psychological and other health care treatment, including surgery and hospitalization, which Agent deems is in the best interest of the health and welfare of the minor child(ren) listed below:

Minor Child(ren) Information:

_____
Name of Child Date of Birth

_____
Name of Child Date of Birth

_____
Name of Child Date of Birth

Effective Date and Duration: This Medical Power of Attorney shall be effective during such period as I (we, or either of us) may for any reason not be available to give my (our) consent to any medical, dental or psychological appointment, diagnosis or treatment, including surgery for our minor child(ren). This Power of Attorney shall not be affected by the disability of either or both of us and shall continue in full force and effect during any such disability.

Revocation: I (We) retain the right to revoke this Medical Power of Attorney at any time by providing written notice to my (our) Agent.

Governing Law: This Medical Power of Attorney shall be governed by the laws of the State of Maryland.

SIGNATURE AND ACKNOWLEDGEMENT

Executed this _____ day of _____, 20_____.

_____ _____
Parent Signature Parent Signature

STATE OF MARYLAND
COUNTY OF _____

This document was acknowledged before me on _____ (date),

by the parent(s) named above, as principals, to be his/her (their) act.

(SEAL, IF ANY)

_____
Signature of Notary

My Commission expires: _____

WITNESS ATTESTATIONS

We, the undersigned witnesses, affirm that on this ____ day of _____, 20____, in the presence of each other, that the parent(s) named above, as principal(s), signed the foregoing Medical Power of Attorney, and declared it to be his/her/their free and voluntary act. We further affirm that we are each at least 18 years of age and that we signed this document as witnesses at the request of the parent(s) named above.

Signature: _____ Signature: _____

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Phone: _____ Phone: _____

MDOT MARYLAND DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE ADMINISTRATION

6601 Ritchie Highway, N.E.
Glen Burnie, MD 21062

VR-470 (12-25)

Restricted Power of Attorney

This form is to be used to authorize a representative, other than the vehicle owner(s), to complete, execute, and obtain MVA documents and forms on their behalf.

A copy of all vehicle owners' driver's license(s) must be attached to this form.

Type Of Document: ☐ Titling ☐ Registration ☐ Correction ☐ Disability Products ☐ Other:_____

Vehicle Owner(s)

Owner's First Name	Middle	Last	Co-Owner's First Name	Middle	Last

Owner's Street Address	Co-Owner's Street Address

City	State	Zip Code	City	State	Zip Code

Power of Attorney Granted to:

Full Legal Name – First	Middle	Last

Business Name	Representative	Capacity

Street Address

City	State	Zip Code

Vehicle Information

Vehicle Make	Model Year	Vehicle Identification Number (VIN)	Title Number

Odometer Disclosure Statement

Vehicle Mileage:_____ miles (no tenths)

☐ The mileage is in excess of its mechanical limits ☐ The odometer reading is not the actual mileage. WARNING: ODOMETER DISCREPANCY

I/We, being the owner(s) of the motor vehicle described above, by these presents do make, constitute, and appoint the person named above true and lawful attorney-in-fact to sign in my/our name, place, and stead any Certificate of Title, or other supporting papers, covering said motor vehicle, in whatever manner necessary to register and/or transfer ownership of said motor vehicle; and I/We do hereby grant unto said attorney-in-fact full authority and power to do and perform any and all other acts necessary or incidents to the execution of the powers herein expressly granted, as the grantor might or could do if personally present, with full power of substitution.

I/We further certify and affirm that all information presented in this form is true and correct, that any documents I/We have presented are genuine, and that the information included in all supporting documentation is true and accurate. I/We make this certification and affirmation under penalty of perjury and I/We understand that knowingly making a false statement or representation on this form is a criminal violation.

Owner's Signature _____ Date _____ Co-Owner's Signature _____ Date _____

Representative Signature _____ Capacity _____ Date _____

For more information, please call: **410-768-7000** (to speak with a customer agent).
TTY for the hearing impaired: **1-800-492-4575**. Visit our website at: **www.MVA.Maryland.gov**

STANDBY GUARDIANSHIP HYPOTHETICALS

The following slides present **hypothetical fact patterns** designed to help you better understand and apply Maryland's Standby Guardianship law.

Hypo #1

Grandfather is undocumented with 2 grandchildren who are US citizens. Both parents live in Guatemala.

Can the grandfather create a standby guardianship by completing the Standby Guardianship Designation form?

Hypo #1

ANSWER:

Unfortunately, because the grandfather is not either the parent or guardian, he cannot designate a Standby Guardian under Maryland law.

Other options for the grandfather to consider:

- File for 3rd party custody of his grandchildren but he may not feel safe going through the legal system
- Set up informal kinship care through affidavits
- Consider whether he could also qualify for formal kinship care of his grandchildren

Hypo #2

Both parents are undocumented.

Will they benefit from designating a Standby Guardian if one of the parents is detained by ICE?

If both are detained by ICE?

Hypo #2

ANSWER:

The best practice is for the parents to designate a Standby Guardian by completing the Standby Guardian Designation form because both parents at risk of being detained or deported. If only one parent is detained, the Standby Guardianship form does not become effective. The Standby Guardianship only becomes effective once both parents have experienced the emergency events.

Hypo #3

You meet with a father who is a US citizen and a mother who is undocumented. Would you recommend they complete a Standby Guardianship Designation form?

Hypo #3

ANSWER:

Yes, however, if the mother is detained or deported by ICE, the father would still have his full parental rights to care for their children. The parents would benefit from completing the Standby Guardianship Designation form only if the father experiences one of the other two emergency events: mental incapacity or physical debilitation.

Hypo #4

You meet with parents who are both undocumented and want to name a Standby Guardian who lives in Michigan.

Can the parents designate a person to be their Standby Guardian if that person lives in another state? Are they required only to designate someone who lives in Maryland?

Hypo #4

ANSWER:

The Maryland SBG law does not require the standby guardians to live in Maryland. The parents can designate someone who lives anywhere else in the United States. That state should give full faith and credit to the Maryland SBG form if presented to a school, hospital, etc. Because some states are not as welcoming to immigrants and might reject the from, the parents can complete a Medical Power of Attorney for the children.

Hypo #5

You meet with a mother who is separated from the father of their children. The parents do not get along. The father sees the children 1 or 2 times each month. There is no custody agreement. Both parents are undocumented. The mother doesn't trust the father to care for the children if she is detained by ICE. She wants to designate her sister as the Standby Guardian.

Do you go forward with completing the form?

What additional information do you need?

Hypo #5

ANSWER:

Because the father has full parental rights, and none of the exceptions to obtaining his signed consent appear to apply, he must consent to the person the mother wants to name to be the standby guardian.

The best course is to recommend to the mother that she try to find someone to be the Standby Guardian who both parents trust so the father will agree to consent. The mother can file a suit for sole custody of the children but that will take time.

Hypo #6

A single father from Maryland is detained in a Texas detention center and wants to name his uncle and aunt to care for his two children. The children have lived with the uncle and aunt since the father was detained. The children's mother lives in Honduras.

Will designating a Standby Guardian at this point work?

Hypo #6

ANSWER:

Yes, under Maryland law, a Standby Guardian designation completed after an adverse immigration event is still valid if properly signed and witnessed and supported by proof of the immigration event. The challenge is getting the father's signed consent in the presence of 2 witnesses over age 18 in the detention center and then returned to the designated Standby Guardian.

Suggestions:

- Review the detention center's website for instructions on sending mail to the father. If the center is privately managed (e.g., by CoreCivic)
- Use priority USPS and include a stamped envelope to return the forms to the aunt and uncle.
- If the father has counsel near the detention center, request the counsel to take the SBG form into the detention center for signing.

Hypo #7

You meet with a mother (Mona) who has three daughters, Anna, Bella and Carla. Mona would like to designate her cousin, a US citizen, as the Standby Guardian. All three daughters reside exclusively with Mona. Bella and Carla have the same father, and Anna has a different father.

How many Standby Guardian designation forms need to be completed for Mona – one or two?

Hypo #7

ANSWER:

Because one of the daughters has a different father than the other two daughters, two Standby Guardianship designation forms need to be completed: one for Bella and Carla and another form for Anna.

Hypo #8

Father and mother have one child and they would like to designate the father's sister, a US citizen, as the Standby Guardian. She – the aunt – lives in Texas. The parents want the aunt to care for the child and are fine with her moving the child to Texas. The parents understand it may take some time for her to arrange travel in the event the parents are detained. The parents are considering designating the mother's brother – the uncle - who has a valid work permit and who lives near the parents, as the alternate Standby Guardian.

- Who – the aunt or the uncle – should the parents designate as the Standby Guardian?

- Who – the aunt or the uncle – should the parents designate as the alternate Standby Guardian?

Hypo #8

ANSWER:

The uncle – the mother's brother - should be designated as the Standby Guardian because he is local and can care for the children until the aunt – the father's sister – arrives to care for and move the children to Texas.

Once the aunt starts caring for the children, the uncle would step aside and no longer be the Standby Guardian.

The Standby Guardian serves at will and can remove him/herself whenever they decide to do so – for whatever reason.

Hypo #9

A mom is considering naming a close friend to serve as the Standby Guardian of her children. All of the children are US citizens. The mother shares her wish that if she is deported, her children must remain in the US because they could be seriously harmed in her country of origin. The mother shares that the children's father is not on any of their birth certificates. The father lives in California.

What questions would you ask the mother to determine how to proceed?

Hypo #9

ANSWER:

- How old are the children?
- Is the father a US citizen?
- What relationship does the father have with the children?
- Does he still have parental rights?
- How has he shown up in the children's lives since their birth?
- Is he providing financial support?

Understanding more about the situation will help determine if the father's signed consent to the mother's designation of a standby guardian is required (in other words, whether one of the exceptions to the other parent's consent applies).

Hypo #10

You meet with a man who shares that his sister-in-law completed the Standby Guardianship designation form and recently passed away leaving her 10-year-old daughter. He also shares that his brother (the child's father) lives in El Salvador.

Is the person the mother designated to be the Standby Guardian now the guardian of the 10-year-old daughter?

Hypo #10

ANSWER:

No. The mom's death is not an emergency or triggering event under the Standby Guardian designation form. Confirm with the man – the child's uncle – that the mother did not have a will indicating who is to care for the child. Discuss with the man whether there are any family members who in the short term could care for the child under informal or formal kinship care. The person designated by the mom to be the Standby Guardian could petition the court for guardianship or adoption.

Hypo #11

You meet with parents who have a 13-year-old son and a 21-year-old daughter. The daughter has serious disabilities and cannot live independently. The parents ask if the Standby Guardianship can include their daughter.

Can the daughter be included as one of the children on the Standby Guardianship designation form?

Hypo #11

ANSWER:

No, Maryland's Standby Guardianship law only addresses the care of minor children (that is, children under the age of 18). The parents would need to consider naming a guardian for their daughter separate from a Standby Guardianship.

Hypo #12

You meet with an undocumented 16-year-old girl who has a 1-year-old child. She wants to complete the Standby Guardianship form.

Does she qualify to designate a Standby Guardian?

Hypo #12

ANSWER:

Yes, the girl can designate a Standby Guardian by completing the Standby Guardianship form because she is the parent. Her age doesn't matter.

She would need to get the signed consent of the father of the child for the standby guardianship form to be complete, unless one of the exceptions to the other parent's consent applies.

FREE STANDBY GUARDIANSHIP RESOURCES

Takoma East Silver Spring (TESS)
Community Action Center

For Appointments Call: 240-773-8260
Leave a message to schedule appointment: 240-773-8254

WWW.STANDBYGUARDIAN.ORG

FAMILIESUNITEDDCMETRO.ORG

FREE STANDBY GUARDIANSHIP RESOURCES

Gilchrist Immigration Resources Center
Gaithersburg Library, 2nd Floor

For Appointments Call: 240-777-4960

WWW.STANDBYGUARDIAN.ORG

FAMILIESUNITEDDCMETRO.ORG

FREE STANDBY GUARDIANSHIP RESOURCES

Catholic Charities at St. Andrew's Mission
12247 Georgia Avenue, Silver Spring

For Appointments, Email or Call:
idetwiler@protonmail.com
Leave a message if no answer: 301-326-8680

WWW.STANDBYGUARDIAN.ORG

FAMILIESUNITEDDCMETRO.ORG

QUESTIONS AND ANSWERS?

