

PRESENT: **HON. JAMES D. PAGONES,**  
A.J.S.C.

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF **DUTCHESS**

-----X

IN THE MATTER OF THE APPLICATION FOR  
THE APPOINTMENT OF A GUARDIAN BY:

**NOTICE OF ARTICLE 81  
PROCEEDING**

GEORGE THOMPSON

Index # \_\_\_\_\_

Petitioner,

**FILING FEES**

FOR: **HARDY THOMPSON**

R# \_\_\_\_\_ DATE \_\_\_\_\_

A PERSON ALLEGED TO BE INCAPACITATED

-----X

**NOTICE OF ARTICLE 81 PROCEEDING**

1. ALLEGED INCAPACITATED PERSON'S NAME AND ADDRESS:

**Hardy Thompson  
1969 Howard Road  
Poughkeepsie, New York 12601**

2. PETITIONER'S NAME AND ADDRESS:

**George Thompson  
66 Butch Drive  
Wappingers Falls, NY 12590**

3. NAMES OF ALL PERSONS TO BE GIVEN NOTICE OF PROCEEDING:  
(include all possible legatees)

**George Thompson  
66 Butch Drive  
Wappingers Falls, NY 12590**

**Pauline Martin  
48 Pleasant Circle  
Washington, DC 20020**

4. PETITIONER'S ATTORNEY NAME, ADDRESS AND PHONE NUMBER:

**Vincent L. Teahan, Esq.**  
**Attorneys for the Petitioner, George Thompson**  
**Teahan & Constantino LLP**  
**41 Front Street, P.O. Box 1181**  
**Millbrook, NY 12545**  
**(845) 677-2101**  
**(845) 677-1054 - FAX**

**PERSONAL APPEARANCE REQUIRED**

PRESENT: **HON. JAMES D. PAGONES,**  
A.J.S.C.

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF **DUTCHESS**

-----X  
IN THE MATTER OF THE APPLICATION FOR  
THE APPOINTMENT OF A GUARDIAN BY:

GEORGE THOMPSON

**ORDER TO SHOW CAUSE**

Petitioner,

**Index #** \_\_\_\_\_

FOR: **HARDY THOMPSON**

A PERSON ALLEGED TO BE INCAPACITATED

-----X

**IMPORTANT**

**AN APPLICATION HAS BEEN FILED IN COURT BY GEORGE THOMPSON WHO BELIEVES YOU MAY BE UNABLE TO TAKE CARE OF YOUR PERSONAL NEEDS OR FINANCIAL AFFAIRS. GEORGE THOMPSON IS ASKING THAT SOMEONE BE APPOINTED TO MAKE DECISIONS FOR YOU. WITH THIS PAPER IS A COPY OF THE APPLICATION TO THE COURT SHOWING WHY GEORGE THOMPSON BELIEVES YOU MAY BE UNABLE TO TAKE CARE OF YOUR PERSONAL NEEDS OR FINANCIAL AFFAIRS. BEFORE THE COURT MAKES THE APPOINTMENT OF SOMEONE TO MAKE DECISIONS FOR YOU THE COURT HOLDS A HEARING AT WHICH YOU ARE ENTITLED TO BE PRESENT AND TO TELL THE JUDGE IF YOU DO NOT WANT ANYONE APPOINTED. THIS PAPER TELLS YOU WHEN THE COURT HEARING WILL TAKE PLACE. IF YOU DO NOT APPEAR IN COURT, YOUR RIGHTS MAY BE SERIOUSLY AFFECTED.**

**YOU HAVE THE RIGHT TO DEMAND A TRIAL BY JURY. YOU MUST TELL THE COURT IF YOU WISH TO HAVE A TRIAL BY JURY. IF YOU DO NOT TELL THE COURT, THE HEARING WILL BE CONDUCTED WITHOUT A JURY. THE NAME AND ADDRESS, AND TELEPHONE NUMBER OF THE CLERK OF THE COURT ARE:**

**MICHAEL THOMPSON  
CHIEF CLERK  
DUTCHESS COUNTY SUPREME COURT  
10 MARKET STREET, 3<sup>RD</sup> FLOOR  
POUGHKEEPSIE, NY 12601  
845-431-1710**

**THE COURT HAS APPOINTED A COURT EVALUATOR TO EXPLAIN THIS PROCEEDING TO YOU AND TO INVESTIGATE THE CLAIMS MADE IN THE APPLICATION. THE COURT MAY GIVE THE COURT EVALUATOR PERMISSION TO INSPECT YOUR MEDICAL, PSYCHOLOGICAL, OR PSYCHIATRIC RECORDS. YOU HAVE THE RIGHT TO TELL THE JUDGE IF YOU DO NOT WANT THE COURT EVALUATOR TO BE GIVEN THAT PERMISSION. THE COURT EVALUATOR'S NAME, ADDRESS, AND TELEPHONE NUMBER ARE:**

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Telephone Number

***The court evaluator is directed to submit his/her report of court evaluator to the guardianship part at least 48 hours prior to the time of the hearing.***

YOU ARE ENTITLED TO HAVE A LAWYER OF YOUR CHOICE REPRESENT YOU. IF YOU WANT THE COURT TO APPOINT A LAWYER TO HELP YOU AND REPRESENT YOU, THE COURT WILL APPOINT A LAWYER FOR YOU. YOU WILL BE REQUIRED TO PAY THAT LAWYER UNLESS YOU DO NOT HAVE THE MONEY TO DO SO.

1. A HEARING ON THIS APPLICATION SHALL BE HELD AT THE SUPREME COURT, DUTCHESS COUNTY, 10 MARKET STREET, POUGHKEEPSIE, NEW YORK ON THE \_\_\_\_ DAY OF \_\_\_\_\_, 2017 AT \_\_\_\_\_ A.M./P.M.
  
2. AT THAT HEARING AND THIS PROCEEDINGS YOU HAVE THE FOLLOWING RIGHTS:
  - A. YOU HAVE THE RIGHT TO PRESENT EVIDENCE.
  - B. YOU HAVE THE RIGHT TO CALL WITNESSES, INCLUDING EXPERT WITNESSES.
  - C. YOU HAVE THE RIGHT TO CROSS EXAMINE WITNESSES, INCLUDING ANY WITNESSES CALLED BY THE COURT.
  - D. YOU HAVE THE RIGHT TO BE REPRESENTED BY A LAWYER OF YOUR OWN CHOICE. IF YOU WANT THE COURT TO APPOINT A LAWYER TO HELP YOU AND REPRESENT YOU, THE COURT WILL APPOINT A LAWYER FOR YOU. YOU WILL BE REQUESTED TO PAY THAT LAWYER UNLESS YOU DO NOT HAVE THE MONEY TO DO SO.

3. IF A GUARDIAN IS APPOINTED FOR YOU, HE OR SHE MAY BE GIVEN THE AUTHORITY TO EXERCISE THE FOLLOWING POWER ON YOUR BEHALF:
- A. DETERMINING WHO SHALL PROVIDE PERSONAL CARE OR ASSISTANCE TO YOU.
  - B. MAKING DECISIONS REGARDING THE SOCIAL ENVIRONMENT AND OTHER SOCIAL ASPECTS OF YOUR LIFE.
  - C. DETERMINING WHETHER YOU SHOULD TRAVEL.
  - D. BE AUTHORIZED ACCESS TO OR RELEASE OF YOUR CONFIDENTIAL RECORDS.
  - E. APPLYING FOR GOVERNMENT AND PRIVATE BENEFITS ON YOUR BEHALF.
  - F. CONSENTING TO OR REFUSING GENERALLY ACCEPTED ROUTINE OR MAJOR MEDICAL OR DENTAL TREATMENT.
  - G. FACILITATE YOUR PLACEMENT IN AN APPROPRIATE LONG TERM CARE FACILITY.
  - H. CHOOSING THE PLACE OF YOUR ABODE.
  - I. ANY OTHER POWER WHICH THE COURT IN ITS DISCRETION SHALL DEEM APPROPRIATE TO MEET YOUR PERSONAL NEEDS.
  - J. TO COLLECT ASSETS AND INCOME AND TO INVEST AND REINVEST THE SAME AS A PRUDENT PERSON OF DISCRETION AND INTELLIGENCE IN SUCH MATTERS SEEKING REASONABLE INCOME AND TO APPLY SO MUCH OF THE INCOME AND

PRINCIPAL AS NECESSARY FOR YOUR COMFORT, SUPPORT, MAINTENANCE AND WELL-BEING.

- K. COLLECTING ALL YOUR INCOME, INCLUDING BUT NOT LIMITED TO SOCIAL SECURITY, DIVIDENDS, INTEREST AND PENSION.
- L. PAYING ALL BILLS NECESSARY TO MAINTAIN YOU IN A LONG TERM CARE FACILITY.
- M. PROVIDING FOR YOUR MAINTENANCE AND SUPPORT.
- N. DETERMINING WHO SHALL PROVIDE PERSONAL CARE FOR YOU AND HAVING THE ABILITY TO PAY FOR SAID SERVICES.
- O. ANY OTHER POWER WHICH THE COURT IN ITS DISCRETION SHALL DEEM APPROPRIATE TO MEET YOUR PROPERTY MANAGEMENT NEEDS.

4. THIS ORDER TO SHOW CAUSE, A COPY OF THE PETITION AND ANY SUPPORTING PAPERS UPON WHICH IT IS BASED SHALL BE SERVED UPON HARDY THOMPSON, THE PERSON ALLEGED TO BE INCAPACITATED, BY PERSONALLY DELIVERING THEM TO HIM ON OR BEFORE \_\_\_\_\_, 2017. IF THE PERSON ALLEGED TO BE INCAPACITATED IS NOT SERVED AT HIS/HER RESIDENCE, A COPY OF THIS ORDER TO SHOW CAUSE, THE PETITION AND ANY SUPPORTING PAPERS SHALL BE LEFT AT HIS/HER RESIDENCE.

5. THIS ORDER TO SHOW CAUSE, A COPY OF THE PETITION AND ANY SUPPORTING PAPERS SHALL BE SERVED BY OVERNIGHT MAIL OR PERSONALLY DELIVERED TO THE OFFICE OF THE COURT EVALUATOR ON OR BEFORE \_\_\_\_\_, 2017.
6. THIS ORDER TO SHOW CAUSE, AND NOTICE OF THE PROCEEDING SHALL BE SERVED BY FIRST-CLASS MAIL UPON THE NEXT OF KIN OR DISTRIBUTEES AND UPON THE CHIEF EXECUTOR OFFICER OF THE FACILITY WHERE THE AIP RESIDES, IF ANY, AT LEAST FOURTEEN (14) DAYS PRIOR TO THE RETURN DATE OF THIS ORDER TO SHOW CAUSE.

**IT IS FURTHER ORDERED AND DIRECTED** THAT THE PETITIONER MAKE A DILIGENT EFFORT TO CONTACT FAMILY MEMBERS, OR OTHER PERSONS WHO HAVE A RELATIONSHIP WITH THE ALLEGED INCAPACITATED PERSON AND WHO WOULD BE WILLING TO SERVE AS GUARDIAN.

**IT IS FURTHER ORDER AND DIRECTED** THAT THE PETITIONER BRING OR CAUSE TO HAVE THE ALLEGED INCAPACITATED PERSON PRESENT IN COURT ON THE RETURN DATE HEREOF. ANY REQUEST FOR A WAIVER OF ANY PROVISIONS OF THIS MUST BE MADE DIRECTLY TO THE COURT. PROOF OF SERVICE MUST BE SUBMITTED TO THE COURT ON OR BEFORE THE RETURN DATE.

Dated: Poughkeepsie, New York  
\_\_\_\_\_, 2017

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**HON. JAMES D. PAGONES, A.J.S.C.**