

**APPOINTMENT OF STANDBY GUARDIAN  
(Va. Code §16.1-352)**

**NOTE:** This form is to designate an adult to be a standby guardian of your minor child(ren) in the event you are detained, incarcerated, or deported in connection with immigration action.

**I. Children to be Designated**

I/We certify that I/we am/are the parent(s) or legal custodian(s) of:

Name of Child	Date of Birth (mm/dd/yy)
_____	_____
Address	
_____	
Name of Child	Date of Birth (mm/dd/yy)
_____	_____
Address	
_____	
Name of Child	Date of Birth (mm/dd/yy)
_____	_____
Address	
_____	
Name of Child	Date of Birth (mm/dd/yy)
_____	_____
Address	
_____	

*If you wish to designate a Standby Guardian for additional children, please complete a separate Appointment of Standby Guardian Form.*

**II. Designation of Standby Guardian**

Pursuant to Section 16.1-352 of the Virginia Code, I/We appoint:

\_\_\_\_\_, whose address is, \_\_\_\_\_  
Name of Standby Guardian

\_\_\_\_\_, whose telephone number is, \_\_\_\_\_

as standby guardian of my/our minor child(ren) listed in Section I.

**Alternative Standby Guardian**

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

**Do not pay or charge to complete this document  
No debes de pagar ni cobrar para llenar este documento**

If the above-named individual is or becomes unable or unwilling to serve as Standby Guardian for the child(ren) listed, I/we appoint:

\_\_\_\_\_, whose address is, \_\_\_\_\_  
Name of Alternative Standby Guardian

\_\_\_\_\_, whose telephone number is, \_\_\_\_\_,

as standby guardian of my/our minor child(ren) listed in Section I.

### III. Powers and Duties of Standby Guardian

During the term of his or her guardianship, the above-named Standby Guardian shall have all of my/our power and authority regarding the care, custody, and property of the minor child(ren) named in Section I, including, but not limited to, the right to enroll the child in school, the right to inspect and obtain copies of education records and other records concerning the child, the right to attend school activities and other functions concerning the child, and the right to give or withhold any consent or waiver with respect to school activities, medical and dental treatment, and any other action required for the child(ren) as I/we might or could take in the best interest of the child(ren).

### IV. Standby Guardianship Commencement, Termination and Revocation

This standby guardianship shall become effective automatically, without any further act or action, upon the detention, incarceration, or deportation of the parent connected to an immigration action of all of the undersigned parents or legal custodians listed below and shall automatically terminate, without any further act or action, (a) upon the termination of the detention, deportation, or incarceration of any one of the undersigned parents or legal custodians or (b) upon written revocation by any one of the undersigned parents or legal custodians, at which time all parental rights and obligations over each of the children listed above shall revert to such parent or legal custodian.

### V. Designating Parents

\_\_\_\_\_  
Parent 1 Name

\_\_\_\_\_  
Parent 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent 2 Name

\_\_\_\_\_  
Parent 2 Signature

\_\_\_\_\_  
Date

**STATE OF VIRGINIA**  
**COUNTY OF \_\_\_\_\_**

The foregoing Appointment was acknowledged before me this \_\_\_\_\_ (date)  
by \_\_\_\_\_ and

\_\_\_\_\_ (names of person(s) acknowledged).

\_\_\_\_\_  
Notary Public

Printed Name: \_\_\_\_\_

My Commission Expires:  
\_\_\_\_\_

**Acceptance by Standby Guardian**

I accept my designation as Standby Guardian for the minor child(ren) specified in this Appointment and agree to act at all times in the best interests of the child(ren) specified herein.

Signature of Standby Guardian:

\_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**STATE OF VIRGINIA**  
**COUNTY OF \_\_\_\_\_**

The foregoing Acceptance was acknowledged before me this \_\_\_\_\_ (date) by  
\_\_\_\_\_ (name of person acknowledged).

\_\_\_\_\_  
Notary Public

Printed Name: \_\_\_\_\_

My Commission Expires:  
\_\_\_\_\_

**Acceptance by alternate Standby Guardian**

I accept my designation as alternate Standby Guardian for the minor child(ren) specified in this Appointment and agree to act at all times in the best interests of the child(ren) specified herein.

Signature of alternate Standby Guardian:

\_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**STATE OF VIRGINIA**  
**COUNTY OF \_\_\_\_\_**

The foregoing Acceptance was acknowledged before me this \_\_\_\_\_ (date) by  
\_\_\_\_\_ (name of person acknowledged).

\_\_\_\_\_  
Notary Public

Printed Name: \_\_\_\_\_

My Commission Expires:  
\_\_\_\_\_