

First Judicial District of Pennsylvania
Court of Common Pleas of Philadelphia County
Orphans' Court Division



**MANUAL FOR GUARDIANS OF
INCAPACITATED PERSONS**

Orphans' Court Division

Administrative Judge Sheila Woods-Skipper

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Revised July 2022

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MANUAL FOR GUARDIANS OF INCAPACITATED PERSONS INTRODUCTION

The goal of this Guardian's Manual is to assist the Guardian of the Person, the Estate, or both of an Incapacitated Person to exercise the basic duties required by your appointment. **You are a FIDUCIARY, appointed to act in and for the sole best interests of the incapacitated person.**

This Guardian's Manual is to be used as an aid but is not intended as a replacement of legal advice. As a fiduciary, the Guardian is obliged to know the law from which his or her authority is derived and controlled.

Guardians may not ask Court personnel or employees of the Clerk of the Orphans' Court for legal advice on specific legal issues as they are neither permitted nor qualified to do so. A list of agencies and sources for legal services is included at the end of this manual.

All proposed guardians must obtain and submit a Pennsylvania State Police Criminal History Report as well as a Criminal History Report from any other state in which the guardian has resided within the past five years. Additionally, you must inform the Court and disclose any charges or convictions of any crime in the reports you file annually.

As a Guardian, you have signed a Consent of Guardian by which you have agreed to abide by all the requirements listed therein.

This manual describes, in basic terms, the primary duties of the Guardian depending on the nature of the Guardian's appointment, and identifies the required forms which must be filed.

A guardianship may be for the person or for the estate of the incapacitated person. Further, the powers granted may be plenary or limited to certain activities. The law favors guardianships to be limited only to those areas that are absolutely necessary.

At any time, the Orphans' Court may review the guardianship on its own motion, or pursuant to a duly filed Petition which may request determination of whether the guardianship requires modification of the Court's Order and relief may include removal/appointment of guardians, an adjudication of partial or full capacity, or any other appropriate relief.

IMPLEMENTATION OF NEW RULES AND OBLIGATIONS

1. Guardianship Statute and Rules

Changes to the Pennsylvania Orphans' Court Rules specifically Chapter 14 pertaining to Guardianships of Incapacitated Persons were made effective **June 1, 2019**, which includes the requirement for all Guardians to use the new inventory, notice of filing, and reporting forms. The revised Pennsylvania Orphans' Court Rules can be found online at: <http://www.pacode.com/secure/data/231/partIItoc.html>

Changes to the Philadelphia Orphans' Court Rules under Chapter 14 were made effective **June 18, 2019**.

Additionally, the Pennsylvania Decedents, Estates, and Fiduciaries Code under Title 20 and specifically Chapter 55 pertains to guardianships of incapacitated persons (20 Pa.C.S. §5501, et seq.). The statute can be found online at: <http://www.legis.state.pa.us/WU01/LI/LI/CT/HTM/20/20.HTM>

2. Enactment of the Guardianship Tracking System (GTS)

The Administrative Office of Pennsylvania Courts (AOPC) has implemented a statewide Guardianship Tracking System (GTS) requiring the filing of all Inventories, annual Reports, and final Reports online through GTS at the Unified Judicial System of Pennsylvania Web Portal at: <https://ujportal.pacourts.us>

For each Inventory and Report filed by a guardian, you must also prepare and send to all interested parties named on the Decree appointing you as Guardian a Notice of Filing (Form G-07). The Notice of Filing may be sent by mail, fax, personal delivery, or email and ensures that all interested parties are notified that the Guardian has filed an inventory, annual report, or final report.

The new forms are attached at the end of this manual and can be found online at: <http://www.pacourts.us/forms/for-the-public/orphans-court-forms>.

The Clerk of Orphans' Court in Room 415 City Hall will provide public computer terminals to those Guardians that do not have access to a computer or internet connection.

When you access GTS for the first time, you will be required to establish a profile and will need a unique user access code from the Clerk of the Orphans' Court. You must contact the Clerk of Orphans' Court at 215-686-2230 for your user access code.

Establishing your GTS profile requires that you have an email address. If you do not have an email address, you can sign up to attain one for free with any email service provider including Yahoo.com, Gmail.com, Hotmail.com, Aol.com, Msn.com, or any other service provider that you prefer by going to their website and clicking “sign up” or “create an account.”

You must pay the required filing fees for Inventories and for each annual Report and final Report. There is a convenience fee charged for each filing. The filing fees must be paid unless the Guardian first files a Petition to Proceed *In Forma Pauperis* through the First Judicial District E-filing system at: <https://fjdefile.phila.gov/> and you receive Court approval.

An overview of the GTS System with step-by-step guides can be found at: <http://help.pacourts.us/gts/>

You can also contact the GTS Help Desk email at: GTSAOPC@PACOURTS.US or by phone at: 1-877-227-2672. The GTS Help Desk is open Monday through Friday from 8:00 a.m. to 4:30 p.m.

3. Introduction to Consent of Guardian and Address Confirmation Form

By becoming a Guardian, you voluntarily assumed certain fiduciary duties. As the Court appointed Guardian, you should have already completed and signed the Consent of Guardian Form and Address Confirmation Form; samples of each form are provided at the end of this manual.

The Consent of Guardian Form is a required affirmation that you know your legal responsibilities as a fiduciary and that you will faithfully perform those responsibilities. It is your duty to learn and understand the requirements to act as a Guardian.

The Address Confirmation Form is required so the Court may contact you if and when necessary. It is the Guardian’s duty to immediately update the Court upon any changes in contact information.

DUTIES OF A GUARDIAN OF THE ESTATE **OF AN INCAPACITATED PERSON**

The Guardian of the Estate must manage the income, investments, real estate, and any other property owned by an Incapacitated Person. The Guardian of the Estate is authorized to spend income only, which includes monthly social security and pension payments, for the benefit of the incapacitated person. The Guardian of the Estate cannot sell real estate or use any of the principal for any purpose unless the Guardian files a Petition and obtains Court approval before doing so. Principal includes real estate, any funds, assets, and personal property that belonged to the incapacitated person on the date that the Guardian of the Estate was appointed, including bank accounts, CD's, annuities, and other investments.

As Guardian of the Estate of an Incapacitated Person your duties include:

1. REVIEW FINAL DECREE APPOINTING YOU GUARDIAN OF THE ESTATE

You must review the Final Decree (Court Order) which appoints you Guardian of the Estate of the Incapacitated Person. The Final Decree describes the extent of your authority: you may either be authorized to exercise certain limited powers or may be appointed Plenary Guardian of the Estate. If your appointment is subject to limitations, you cannot exceed those limitations. Sample Final Decrees are attached to this manual.

2. POSTING OF SECURITY (BOND)

If you have been directed to post bond in the Final Decree appointing you as Guardian of the Estate of the Incapacitated Person, the bond may be purchased from any approved corporate surety (such as Fidelity and Deposit Company of Maryland, contact Willard MacDonnell Agency, bonds@wmacdonnell.com, 100 S. Broad St., Philadelphia, PA. Phone: 215-563-1232) and must be filed with the Clerk of Orphans' Court before you may exercise any of your powers and duties as a Guardian. The cost of the Bond may be paid from the assets of the Incapacitated Person's Estate.

3. INQUIRY AND DISCOVERY OF ASSETS AND DEBTS

You must make reasonable inquiry into the existence and whereabouts of all assets of the Incapacitated Person including the determination of the fair market value of those assets on the date of your appointment. This duty may require you to obtain appraisals of real estate and any personal property owned by the Incapacitated Person, including any antiques or jewelry. You are also obligated to obtain statements from banks/investment

firms as to the value of those accounts. You must investigate and determine the existence of all debts, liabilities, and expenses of the Incapacitated Person.

4. SAFEGUARDING AND MANAGEMENT OF ASSETS

Once all assets have been discovered and their values determined, you are under a duty to provide reasonable safeguarding of those assets to protect them from being dissipated, lost, stolen, or destroyed. Your duties include investing and managing the assets as a prudent person would so those assets appreciate in value and produce income for the benefit of the Incapacitated Person.

5. PAYMENT OF DEBTS, OBLIGATIONS AND EXPENSES

You are authorized to use income received by the Incapacitated Person during the year to pay the reasonable debts, obligations, and expenses of the Incapacitated Person. This may include costs for support, caretaking, education, and medical expenses.

You should establish a budget for the Incapacitated Person. If it appears that income alone will not meet the Incapacitated Person's needs, you must file a Petition requesting those necessary expenditures be paid from principal. Principal of the Incapacitated Person's Estate may not be used for any purpose unless you first file a Petition and obtain prior Court approval.

6. INVENTORY

You must prepare and file a document known as a Guardian's Inventory for an Incapacitated Person (Form G-05) with the Guardianship Tracking System (GTS) on the Unified Judicial System of Pennsylvania Web Portal: <http://ujportal.pacourts.us> within ninety (90) days of the date of the Decree appointing you as Guardian of the Estate.

You must also prepare and send to all interested parties named on the Decree appointing you as guardian a Notice of Filing (Form G-07). The Notice of Filing may be sent by mail, fax, personal delivery, or email and ensures that all interested parties are notified that you have filed the Guardian's Inventory for an Incapacitated Person.

The required Guardian's Inventory for an Incapacitated Person (Form G-05) and Notice of Filing (Form G-07) are included in this packet and electronic versions of the forms are available on the Unified Judicial System of Pennsylvania website at: <http://www.pacourts.us/forms/for-the-public/orphans-court-forms>

Only a Guardian of the Estate need file an Inventory. The Inventory should contain, so far as you have been able to discover using reasonable efforts, a list of all real estate, personal property, bank accounts, securities, and any other assets belonging to the Incapacitated Person with values stated as of the date of your appointment. The Guardian's Inventory should also include all debts, liabilities, and expenses of the Incapacitated Person. The

assets which appear on the Guardian's Inventory constitute the principal of the Incapacitated Person's Estate.

You are also required to search for and obtain legal documents pertaining to the Incapacitated Person including any will, trust, DNR (Do Not Resuscitate) order, health care power of attorney, or other healthcare directives such as a POLST (Physician Order for Life-Sustaining Treatment), living will, or mental health power of attorney.

Additionally, the Inventory requires that you provide information concerning the Incapacitated Person's personal care plan which includes where the Incapacitated Person is currently residing, whether the Incapacitated Person can remain where they are currently residing, and whether the Incapacitated Person will be moved into a supervised residential setting.

If you fail to timely file the Inventory, you will receive a notice. If you continue to fail to file the Inventory, you will receive a Decree from the Judge who appointed you as Guardian of the Estate. The Judge may order you to come into Court for a hearing to explain why you failed to file. Your duties as a guardian may be suspended, you may be fined, receive other sanctions, or you may be removed as the Guardian of the Estate.

7. ANNUAL REPORT

In addition to the Inventory, a Guardian of the Estate is required to file an annual Report of Guardian of the Estate (Form G-02) every year on the anniversary date of your appointment as guardian. The annual report should describe in detail the current principal of the Incapacitated Person's Estate and how it is invested, all the income the Incapacitated Person received, and the expenditures made since the date of your last report.

The annual Report of Guardian of the Estate must be filed through the statewide Guardian Tracking System (GTS) at: <http://ujportal.pacourts.us>

You must also prepare and send to all interested parties named on the Decree appointing you as guardian a Notice of Filing (Form G-07). The Notice of Filing may be sent by mail, fax, personal delivery, or email and ensures that all interested parties are notified that you have filed the annual Report of Guardian of the Estate.

The required annual Report of Guardian of the Estate form (Form G-02) and Notice of Filing (Form G-07) are included in this packet and electronic versions of the forms are available on the Unified Judicial System of Pennsylvania website at: <http://www.pacourts.us/forms/for-the-public/orphans-court-forms>

If you fail to timely file the annual report, you will receive a notice. If you continue to fail to file the annual report, you will receive a Decree from the Judge who appointed you as Guardian of the Estate. The Judge may order you to come into Court for a hearing to

explain why you failed to file. Your duties as a guardian may be suspended, you may be fined, receive other sanctions, or you may be removed as the Guardian of the Estate.

8. FINAL REPORT

Within sixty (60) days of any of the following occurrences: the death of the Incapacitated Person, a decree removing you as Guardian, a decree determining capacity has been regained, the expiration of a decree of limited duration, or upon receipt of a provisional order from another state accepting transfer of the guardianship, you are required to file a Final Report of Guardian of the Estate (Form G-02) with the Guardianship Tracking System (GTS) on the Unified Judicial System of Pennsylvania Web Portal: <http://ujportal.pacourts.us>

You must also prepare and send to all interested parties named on the Decree appointing you as guardian a Notice of Filing (Form G-07). The Notice of Filing may be sent by mail, fax, personal delivery, or email and ensures that all interested parties are notified that you have filed a final report.

9. FIDUCIARY DUTY GENERALLY

As Guardian of the Estate of an Incapacitated Person, you are a fiduciary. You are like a “bank”. You have consented to obey all the laws and rules governing guardians found at 20 Pa.C.S. §5501 et seq, and Pennsylvania and Philadelphia Orphans’ Court Rules.

You are obligated to exercise prudent judgment in the management of the Estate of the Incapacitated Person for his/her benefit only, and to avoid conflicts of interest or decisions which may benefit yourself. You may not invest the Incapacitated Person's assets in businesses or corporations owned or controlled by you nor may you loan the Incapacitated Person's funds to yourself for such enterprises unless you have filed a petition and a Decree is issued specifically authorizing you to do so beforehand.

10. SUCCESSOR GUARDIAN

If you are appointed as a Successor Guardian of the Estate, your duties are the same as the initial Guardian. You are required to file a Guardian’s Inventory (Form G-05) through the GTS system within ninety (90) days of your appointment and an annual Report of Guardian of the Estate (Form G-02) every year on the anniversary date of your appointment as guardian.

You must also prepare and send to all interested parties named on the Decree appointing you as successor guardian a Notice of Filing (Form G-07). The Notice of Filing may be sent by mail, fax, personal delivery, or email and ensures that all interested parties are notified that you have filed the Guardian’s Inventory and annual report.

11. CO-GUARDIANS

If you and another individual are appointed as Co-Guardians of the Estate, you must act together with your Co-Guardian in performing all the duties of a Guardian of the Estate. You and the Co-Guardian are required to file one Guardian's Inventory (Form G-05) jointly within ninety (90) days of your appointment and one Notice of Filing (Form G-07) to be sent to all interested parties.

You and the Co-Guardian are required to file one annual Report (Form G-02) jointly every year on the anniversary date of your appointment as co-guardians. You must also prepare and send to all interested parties named on the Decree appointing you as co-guardians one Notice of Filing (Form G-07). The Notice of Filing may be sent by mail, fax, personal delivery, or email and ensures that all interested parties are notified that the co-guardians have filed an annual report.

THE INFORMATION ABOVE IS A PARTIAL LIST ONLY

This list of duties and responsibilities described is partial and is by no means complete. It is highly recommended that you consult with a qualified attorney concerning additional duties and responsibilities which cannot, for reasons of space, be set forth here.

DUTIES OF A GUARDIAN OF THE PERSON **OF AN INCAPACITATED PERSON**

The Guardian of the Person must make decisions to protect the health, safety, and welfare of the Incapacitated Person. The Guardian of the Person is not responsible for managing the Incapacitated Person's finances and unless you are also appointed as Guardian of the Estate, you have not been given control over the income, property, or finances of the Incapacitated Person.

As Guardian of the Person of an Incapacitated Person your duties include:

1. REVIEW FINAL DECREE APPOINTING YOU GUARDIAN OF THE PERSON

You must review the Final Decree (Court Order) which appoints you Guardian of the Person of the Incapacitated Person. The Final Decree describes the extent of your authority: you may either be authorized to exercise certain limited powers or may be appointed Plenary Guardian of the Person. If your appointment is subject to limitations, you cannot exceed those limitations. Sample Final Decrees are attached at the end of this manual.

2. GENERAL DUTIES AND POWERS OF A GUARDIAN OF THE PERSON

A Guardian of the Person has the general responsibility for the care, maintenance and custody of the Incapacitated Person. Your attention to these duties may be limited by the terms of the Court's Decree and careful attention should be observed to ensure you do not exceed your authority in exercising these duties. As either a limited or plenary Guardian of the Person, you have a responsibility to act in the best interests of the Incapacitated Person at all times even in situations that may conflict with your personal beliefs or interests.

A Plenary Guardian of the Person is empowered to select a place in which the Incapacitated Person will reside and is authorized to give consents or approvals for various medical, surgical, psychological, or other treatment alternatives which may become available for the Incapacitated Person. You may not change the residence of the Incapacitated Person to outside the Commonwealth of Pennsylvania without prior permission of the Court.

You must be aware that no guardian has the authority or power to admit the Incapacitated Person to an inpatient psychiatric facility or State Center for the mentally retarded, nor to consent to the relinquishment of the rights of the Incapacitated Person as a Parent, without prior permission of the Court.

3. SUPPORTIVE SERVICES PLAN

You should assist in the development of a plan for supportive services for the Incapacitated Person's care depending upon his/her individual needs and circumstances. This may include making arrangements for a personal care plan to provide for the Incapacitated Person's residence and/or to assist with activities of daily living such as bathing, dressing, cooking, eating, and taking medications. The personal care plan may also include arrangements to assist the Incapacitated Person with traveling, shopping, and doctor's appointments. Services may not be necessary in every case but should be examined upon the commencement of your duties.

4. RESPONSIBILITY FOR TRAINING, EDUCATION, MEDICAL AND PSYCHOLOGICAL SERVICES OF THE INCAPACITATED PERSON

A Plenary Guardian of the Person is authorized to assist the Incapacitated Person in the development of maximum self-reliance and independence. You should refer to the Court Decree appointing you to see if the Court has given you specific responsibilities pertaining to training, education, medical/psychological services, or for the social and vocational opportunities to be offered to the Incapacitated Person. As always, your guiding principle is to act in the best interest of the Incapacitated Person.

5. ANNUAL REPORT

In addition to the duties set forth above, you are required to file an annual Report of Guardian of the Person (Form G-03) every year on the anniversary date of your appointment as guardian.

The annual Report of Guardian of the Person must be filed through the statewide Guardian Tracking System (GTS) at: <http://ujportal.pacourts.us>

You must also prepare and send to all interested parties named on the Decree appointing you as guardian a Notice of Filing (Form G-07). The Notice of Filing may be sent by mail, fax, personal delivery, or email and ensures that all interested parties are notified that you have filed the annual Report of Guardian of the Person.

The required annual Report of Guardian of the Person form (Form G-03) and Notice of Filing (Form G-07) are included in this packet and electronic versions of the forms are available on the Unified Judicial System of Pennsylvania website at: <http://www.pacourts.us/forms/for-the-public/orphans-court-forms>

If you fail to timely file the annual Report, you will receive a notice. If you continue to fail to file the annual report, you will receive a Decree from the Judge who appointed you as Guardian of the Person. The Judge may order you to come into Court for a hearing to explain why you failed to file. Your duties as a guardian may be suspended, you may be fined, receive other sanctions, or you may be removed as the Guardian of the Person.

6. FINAL REPORT

Within sixty (60) days of any of the following occurrences: the death of the Incapacitated Person, a decree removing you as Guardian, a decree determining capacity has been regained, the expiration of a decree of limited duration, or upon receipt of a provisional order from another state accepting transfer of the guardianship, you are required to file a Final Report of Guardian of the Person (Form G-03) with the Guardianship Tracking System (GTS) on the Unified Judicial System of Pennsylvania Web Portal: <http://ujportal.pacourts.us>

You must also prepare and send to all interested parties named on the Decree appointing you as guardian a Notice of Filing (Form G-07). The Notice of Filing may be sent by mail, fax, personal delivery, or email and ensures that all interested parties are notified that you have filed a final report.

7. POWERS WHICH MAY ONLY BE GRANTED BY THE COURT

Unless specifically included within your guardianship Decree, you shall not have the power to:

- (A) Consent, on behalf of the Incapacitated Person, to abortion, sterilization, psychosurgery, electroconvulsive therapy, or the removal of a healthy body organ.
- (B) Prohibit the marriage or consent to the divorce of the Incapacitated Person.
- (C) Consent, on behalf of the Incapacitated Person, to the performance of any experimental biomedical or behavioral medical procedure, or participation in any biomedical or behavioral experiment.

8. FIDUCIARY DUTY GENERALLY

As Guardian of the Person of an Incapacitated Person, you are a fiduciary. You have consented to obey all the laws and rules governing guardians found at 20 Pa.C.S. §5501 et seq, and Pennsylvania and Philadelphia Orphans' Court Rules. You are obligated to exercise prudent judgment in the care of the Incapacitated Person for his/her benefit only, and to avoid conflicts of interest or decisions which may benefit yourself.

9. SUCCESSOR GUARDIAN

If you are appointed as a Successor Guardian of the Person, your duties are the same as the initial guardian. You are required to file an annual Report of Guardian of the Person (Form G-03) every year on the anniversary date of your appointment as guardian.

You must also prepare and send to all interested parties named on the Decree appointing you as successor guardian a Notice of Filing (Form G-07). The Notice of Filing may be sent by mail, fax, personal delivery, or email and ensures that all interested parties are notified that you have filed the annual report.

10. CO-GUARDIAN

If you and another individual are appointed as Co-Guardians of the Person, you must act together with your Co-Guardian in performing all the duties of a Guardian of the Person. You and the Co-Guardian are each required to file an annual Report of Guardian of the Person (Form G-03) every year on the anniversary date of your appointment as co-guardians.

Each co-guardian must also prepare and send to all interested parties named on the Decree appointing you as co-guardians a Notice of Filing (Form G-07). The Notice of Filing may be sent by mail, fax, personal delivery, or email and ensures that all interested parties are notified that the co-guardians have each filed an annual report.

THE INFORMATION ABOVE IS A PARTIAL LIST ONLY

This list of duties and responsibilities above is partial and is by no means complete. It is highly recommended that you consult with a qualified attorney concerning additional duties and responsibilities which cannot, for reasons of space, be set forth here.

DUTIES OF THE EMERGENCY GUARDIAN OF THE PERSON OF AN INCAPACITATED PERSON

REVIEW FINAL DECREE APPOINTING YOU

You must review the Decree (Court Order) which appoints you as Emergency Guardian of the Person. A Decree appointing an Emergency Guardian of the Person is ordinarily entered due to an immediate medical condition of the alleged incapacitated person and the inability to secure informed consent from the alleged incapacitated person or a member of his/her family. The Decree describes in detail the extent of your authority as Emergency Guardian of the Person as well as the duration of the appointment (usually 72 hours). The emergency guardianship may be extended for an additional twenty (20) days by filing a petition with the Court if the emergency continues.

A Petition for Appointment of Plenary Guardian of the Person should be filed if the individual continues to need guardianship.

DUTIES OF THE EMERGENCY GUARDIAN OF THE ESTATE OF AN INCAPACITATED PERSON

REVIEW FINAL DECREE APPOINTING YOU

You must review the Decree (Court Order) which appoints you as Emergency Guardian of the Estate. A Decree appointing an Emergency Guardian of the Estate is ordinarily entered due to an immediate financial issue of the alleged incapacitated person and the inability to prevent the loss of the alleged incapacitated person's assets. The Decree describes in detail the extent of your authority as Emergency Guardian of the Estate as well as the duration of the appointment which is up to thirty (30) days.

A Petition for Appointment of Plenary Guardian of the Estate should be filed if the individual continues to need guardianship.

**COURT OF COMMON PLEAS OF PHILADELPHIA
ORPHANS' COURT DIVISION**

Estate of _____

O.C. # _____ Control # _____

CONSENT OF GUARDIAN

I, _____ accept and confirm my appointment as Guardian of the Person / Estate (circle all that apply) of _____ ("Ward").

I understand that as Guardian:

1. I must always act in the best interests of my Ward;
2. I have a fiduciary responsibility to my Ward and the Court;
3. I must act with reasonable prudence in all matters relating to the Estate;
4. I must not engage in self-dealing;
5. I am forbidden from expending principal of the Estate without prior Court authorization;
6. I am forbidden from selling any real property owned by my Ward without prior Court authorization;
7. I must file a Guardian's Inventory within ninety (90) days of my appointment as Guardian of the Estate;
8. I must file an annual report as Guardian of the Person and an annual report as Guardian of the Estate every year thereafter on the anniversary date of my appointment as Guardian;
9. I understand the duties and responsibilities of being a Guardian, and have the knowledge, skills, and expertise to be a Guardian; and
10. I understand and agree that as a Guardian, I must act in accordance with the laws governing guardians found in the statutes set forth in 20 Pa.C.S. §5501, et seq., and the Pennsylvania and Philadelphia Orphans' Court Rules concerning guardianships set forth in Chapter XIV, particularly Pa. O.C. Rule 14.8 and Phila. O.C. Rule 14.8.A.
11. The primary language of the alleged incapacitated person is _____.
My primary language is _____.
12. My failure to abide by the above will result in my removal as Guardian, and may result in my being found in contempt of Court, surcharged for any losses to the Estate, fined, and/or otherwise sanctioned.

Further, subject to penalty of law under 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities, I affirm that I have not been convicted of or pleaded guilty or no contest to any crime involving fraud, deceit, and/or financial misconduct.

Name of Guardian

Signature

Date

**COURT OF COMMON PLEAS OF PHILADELPHIA
ORPHANS' COURT DIVISION**

Estate of _____

O.C. # _____ Control # _____

GUARDIAN ADDRESS CONFIRMATION FORM

I am the (check one):

Guardian/Co-Guardian of Person and Estate

Guardian/Co-Guardian of the Estate

Guardian/Co-Guardian of Person

As the Guardian named in the above case, I affirm that my name, address, phone number, and email address should be recorded as follows:

Name (Please Print): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone # _____ Mobile Phone # _____

E-Mail: _____

Preferred contact method: (Phone, Mail or Email) _____

I understand that it is my responsibility to update the Court of my current contact information if any of it should change or become inaccurate, and I agree to do so immediately.

Signature

Date

COURT OF COMMON PLEAS
 _____ COUNTY, PENNSYLVANIA
 ORPHANS' COURT DIVISION

GUARDIAN'S INVENTORY FOR AN INCAPACITATED PERSON

Estate of: _____, an Incapacitated Person
Name of Incapacitated Person

Case File No: _____

DATE COURT APPOINTED YOU AS GUARDIAN: _____

PART I: INTRODUCTION

Inventory type:

- Initial
- Amended

PART II: ASSETS (PRINCIPAL)

- List all bank accounts, real estate, burial accounts, and other personal property below. If the property is owned by both the incapacitated person and others, indicate in the last column the name of the co-owner.

Asset	Value	Name of Co-Owner(s)
TOTAL		

2. Is any property (specifically bank accounts or real estate) co-owned by the Incapacitated Person and the guardian?

Yes

No

If yes:

a. On what date was the property acquired? _____

b. On what date was the guardian's name added? _____

c. The guardian is:

an individual having access or control over the account

an owner of the account

3. Does the Incapacitated Person have a homeowners insurance policy for real property?

Yes (Copy of policy to be provided upon request)

No

If yes:

a. Carrier: _____

b. Coverage period: _____

4. Does the Incapacitated Person have an automobile insurance policy?

Yes (Copy of policy to be provided upon request)

No

If yes:

a. Carrier: _____

b. Coverage period: _____

5. Does the Incapacitated Person have a safe deposit box?

No

Yes, in sole name

Yes, in joint name(s). List the name(s) of joint owner(s): _____

If yes:

a. Location of safe deposit box: _____

b. Are there plans to inventory the contents?

Yes

No

PART III: ANNUAL INCOME

1. List all sources of income for the Incapacitated Person:

Does the Incapacitated Person receive any of the following as income?		Specify Amount
Alimony or Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Annuity Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interest Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IRA Distributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Long Term Care Insurance Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pension/Retirement Benefits (for example: 401(k), 403(b), etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rental Property Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Royalties (including from mineral and land rights)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Benefits (Retirement, Disability, SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tax Refund	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trust Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Veterans Benefits (disability/pension/aid and attendance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers' Compensation Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	TOTAL	

PART IV: LIABILITIES/DEBTS

1. List all debts the Incapacitated Person owes, including mortgages, loans, credit card debt, etc.

Liabilities/Debts	Lender	Value
	TOTAL DEBTS:	

PART V: GUARDIAN COVERAGE

1. Was a surety bond required by the decree appointing you as guardian?

- Yes (Please attach a copy of the bond)
- No

2. Are you a professional guardianship agency or an attorney serving as a guardian?

- Yes
- No

If **yes**, do you have professional liability coverage?

- Yes (Please attach a copy of the insurance policy)
- No

If **no**, explain: _____

PART VI: PERSONAL CARE PLAN

1. Can the Incapacitated Person remain in his or her current residence with assistance, or in the home of a relative?

- Yes
- No
- N/A - The Incapacitated Person is already in a supervised residential setting.

If yes:

a. List the name of the responsible family member:

b. What services does the Incapacitated Person require?

Services from local Area Agency on Aging

Private Companion/Assistance Service

Number of days per week: _____

Number of hours per week: _____

Assistance from family members

Will compensation be provided?

Yes

No

If yes, indicate compensation amount: _____

2. Will the Incapacitated Person be moved into a supervised residential setting?

- Yes
- No
- N/A - The Incapacitated Person is already in a supervised residential setting.

If yes:

a. Indicate the type of supervised residential setting:

Domiciliary Care

Personal Care

Boarding Home / Group Home

Assisted Living Facility

Nursing Home

Other: _____

b. Describe the steps that are being taken to move the Incapacitated Person into a supervised residential setting.

PART VII: FINANCIAL PLAN

1. Complete the following table using initial inventory or most recent amended inventory.

<p>a. Total Annual Income (Part III, Question 1) _____</p> <p>b. Annual estimated expenses _____</p> <p>c. Net Income (a minus b) _____</p>	<p>d. Total assets (principal) (Part II, Question 1) _____</p>
---	--

2. Is the net income listed above sufficient to care for the needs of the Incapacitated Person?

- Yes
- No, but assets (principal) are available if a court order approves expenditures
- No, and assets (principal) are not available

3. Indicate any applications for government benefits that have been submitted:

Application Type	Date of Submission
Social Security Disability Insurance (SSDI)	
Supplemental Security Income (SSI)	
Social Security Retirement Benefits	
Veterans Benefits	
Medical assistance, long term care	
Medical assistance, Home Waiver	
Other (Explain: _____)	

4. Describe all real estate included in the estate and how it will be maintained or sold:

5. Prior to the appointment of a guardian, has an agent under a Power of Attorney been serving?

Yes

No

If **yes**, has an accounting ever been requested or filed with the Orphans' Court?

Yes

No

If **yes**, was the agent the same person as the guardian?

Yes

No

PART VIII: MEDICAL INFORMATION

1. Is a "no-code" (Do Not Resuscitate) provision in place for the incapacitated person?

Yes

No

2. When still capacitated, did the Incapacitated Person execute a durable power of attorney for health care or some other health care directive (including, but not limited to, a POLST, a living will, or a mental health care power of attorney)?

Yes

No

If **yes**, identify the authorized agent for making health care decisions:

3. Are you aware of any will or trust executed by the Incapacitated Person, or any funeral or burial wishes of the Incapacitated Person?

Yes

No

If **yes**, please explain:

Has a burial account been established for the Incapacitated Person?

Yes

No

If **yes**, what is the value of the burial account? _____

I verify that the foregoing information is correct to the best of my knowledge, information and belief; and that this Verification is subject to the penalties of 18 Pa.C.S. §4904 relative to unsworn falsification to authorities.

Effective June 1, 2019, I further acknowledge the Notice of Filing must be served within 10 days of the filing of this report pursuant to Pa. O.C. Rule 14.8(b).

Date

Signature of Guardian of the Estate

Name of Guardian of the Estate (type or print)

Address

City, State, Zip

Home Phone Number

Office Phone Number

Cell Phone Number

Email

Date

Signature of Co-Guardian of the Estate (if applicable)

Name of Co-Guardian of the Estate (type or print)

Address

City, State, Zip

Home Phone Number

Office Phone Number

Cell Phone Number

Email

COURT OF COMMON PLEAS OF

COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

NOTICE OF FILING

ESTATE/GUARDIANSHIP OF _____,
AN INCAPACITATED PERSON

_____, GUARDIAN

No. _____

I certify that on _____ I filed the following documents:

Inventory

Amended Inventory

Annual Report - Guardian of the Person

Annual Report - Guardian of the Estate

Final Report

A copy of this Notice of Filing is being served on the following person(s) designated by court order and in the following manner:

1. _____

By mail

By fax

By personal delivery

By e-mail if requested

2. _____

By mail

By fax

By personal delivery

By email if requested

3. _____

By mail

By fax

By personal delivery

By email if requested

4. _____

By mail

By fax

By personal delivery

By email if requested

Submitted by:

Date

Signature

Name (print or type)

Address

City, State, Zip

Telephone

Email

Instructions for Document Access

If you are one of the individuals noted above to whom this notice of filing was sent, you may access and view the documents filed by presenting this notice of filing along with proper identification to the Clerk of the Orphans' Court in the county listed on the previous page.

COURT OF COMMON PLEAS
_____ COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

REPORT OF GUARDIAN OF THE ESTATE

Estate of: _____, an Incapacitated Person
Name of Incapacitated Person

Case File No: _____

DATE COURT APPOINTED YOU AS GUARDIAN: _____

PART I. INTRODUCTION

1. Name(s) of Guardian(s): _____

2. Is this a limited Guardianship?

Yes

No

3. Report Period

This is the **Report** for the period from _____ to
_____ (the "**Report Period**"); or

This is the **Final Report** for the period from _____ to
_____ (the "**Report Period**") and is filed for the following reason:

The death of the Incapacitated Person.

Date of Death: _____

Name of Executor/Administrator: _____

The Guardianship was terminated by a court order dated: _____

Transfer of Guardianship to: _____

Date of court order approving transfer: _____

PART II. INCOME

1. List all sources of income received during the **Report Period**:

Did the Incapacitated Person receive any of the following?		Amount During Report Period
Alimony or Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Annuity Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interest Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IRA Distributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Long Term Care Insurance Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pension/Retirement Benefits (for example: 401(k), 403(b), etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rental Property Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Royalties (including from mineral and land rights)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Benefits (Retirement, Disability, SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tax Refund	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trust Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Veterans Benefits (disability/pension/aid and attendance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Worker's Compensation Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	TOTAL	

PART III. ANNUAL EXPENSES

1. List all payments made for the care and maintenance of the Incapacitated Person during the **Report Period**.

Expense	To Whom Was It Paid?	Total for Report Period
Auto Insurance		
Cable/Satellite/Internet		
Child/Spousal Support/Alimony		
Clothing		
Condo/Co-op Assessments		
Debt (incurred prior to your appointment)		
Entertainment		
Fees/Costs Paid to Guardian		
Food		
Gifts - Personal or Charitable		
Home Health Care/Personal Aide		
Homeowners Insurance		
Home/Property Maintenance & Repair		
Income Taxes		
Life Insurance Premiums		
Medical Insurance Premiums		
Medical Expenses		
Medicine		
Mortgage		
Nursing Home/Assisted Living/Institutionalized Care		
Personal Expenses (including allowance)		
Phone/Cell Phone		
Real Estate Taxes		
Rent		
Utilities		
Other		
	TOTAL	

2. Does the Incapacitated Person have a credit card(s)? Yes No
 If **yes**, has it been used during this report period? Yes No

What is the current balance on the credit card(s)? _____

PART IV. COMPARING INCOME AND EXPENSES

1. Total Income (Part II, Question 1 TOTAL): _____
2. Unspent Income from Previous Year (Part IV, Question 5 from Last Year's Report): _____
3. Add lines 1 and 2 together to calculate this year's TOTAL INCOME: _____
4. Total Expense (Part III, Question 1 TOTAL): _____
5. Subtract line 4 from line 3.
 If amount is positive, enter it here to show UNSPENT INCOME, otherwise enter \$0: _____
6. Subtract line 4 from line 3.
 If amount is negative, enter it here to show PRINCIPAL SPENT, otherwise enter \$0: _____
7. Is line 6, PRINCIPAL SPENT, greater than \$0?
 Yes
 No
 If **yes**, was a court order obtained?
 Yes - Date of Court Order: _____
 No - Explain why court approval was not obtained:

PART V. ASSETS

1. What was the value of the assets reported on the Inventory? _____
2. List any additional assets received during the **Report Period** (for example: gifts, inheritance, burial account, lawsuit recovery, etc.)

Description/Source	Value at the end of Report Period
TOTAL	

3. Where are **all** the assets deposited or held at the end of the **Report Period**?

List of Assets: Type and Location	Co-Owners	Value at the end of Report Period
TOTAL		

4. Does the incapacitated person own a house/condo/co-op?

Yes - Answer Questions a - e No

a. Address of property: _____

b. Does the Incapacitated Person live in the house/condo/co-op? Yes No

c. If purchased during the **Report Period**, what was the purchase price? _____

d. If real property was sold during the **Report Period**, what was the sale price? _____

e. Was a court order obtained if property was purchased or sold?

Yes - Date of Court Order: _____

No - Explain why court approval was not obtained:

5. List any assets transferred to a third party such as a spouse or child.

Asset	Transferred To	Relationship to IP	Amount	Order Date or Reason Not Approved

PART VI. GUARDIAN'S COMPENSATION

1. Did the Guardian receive compensation during the **Report Period**?

- Yes - Complete the table below No - Skip to Question 3

Amount	Guardian Name	Is Amount Based on Hourly, Monthly or Annual Fee?

2. Was the compensation approved by the court?

Yes - Date of Court Order: _____

No - Explain why court approval was not obtained:

3. Have you maintained a log of your activities as guardian?

- Yes - Attach a copy No

PART VII. ATTORNEY'S FEES

1. Were attorney's fees paid during the **Report Period**?

- Yes - Complete the table below No - Skip to Part VIII

Amount	Name of Counsel	Hourly Rate	# of Hours	Order Date or Reason Not Approved

PART VIII. REPRESENTATIVE PAYEE

1a. Social Security Administration (SSA) Benefits

- The Incapacitated Person does not receive SSA benefits.
- The Guardian acts as the representative payee - attach a copy of the report provided to the SSA during this **Report Period**.
- The Guardian is not the representative payee for SSA benefits. The payee is _____.

1b. Veterans Administration (VA) Benefits

- The Incapacitated Person does not receive VA benefits.
- The Guardian acts as the representative payee - attach a copy of the report provided to the VA during this **Report Period**.
- The Guardian is not the representative payee for VA benefits. The payee is _____.

PART IX. SURETY INFORMATION

1. Was a surety bond required?

- Yes - In what amount _____ - and then answer Questions a - b.
- No - The court waived a surety bond, skip to Question 2.

a. Is the surety bond still in effect?

- Yes
- No - Provide an explanation as to why not.

b. Is the value of the estate at the end of the **Report Period** greater than the amount reported at the end of the prior report period?

Yes

No

If **yes**, has the amount of the surety bond been increased?

- Yes. To what amount: _____
- No

2. If you are a professional guardian, agency or an attorney serving as guardian, do you have professional/guardian liability insurance that covers theft?

- Yes - Answer Question a and b.
- No - Skip to Part X.
- N/A

a. Are the coverage limits greater than the assets (Part V, Question 3)?

Yes

No

b. Describe the deductible and any exclusions.

PART X. GUARDIAN INFORMATION

1. During this **Report Period**, did any guardian participate in guardianship training?

- Yes
- No

If yes, provide the following information:

Guardian Name	Dates of Training		Provider	Training Description
	Starting	Ending		

2. During this **Report Period**, have any judgments been filed against any guardian, or has any guardian filed for bankruptcy protection?

- Yes - Please describe No

<i>Guardian Name</i>	<i>Description</i>
_____	_____

3. During this **Report Period**, was any guardian charged with or convicted of a crime?

- Yes - Please describe No

<i>Guardian Name</i>	<i>Description</i>
_____	_____

4. Is there any reason any guardian cannot continue to serve as guardian?

- Yes - Please describe No

<i>Guardian Name</i>	<i>Description</i>
_____	_____

PART XI. SUMMARY

1. If this is the first annual report, state the value of the assets reported on the Inventory. (Use amount from Part V, Question 1 of <i>this</i> Report.) (principal)	
2. If this is not the first annual report, state the Total Assets (principal) from the prior Report. (Use TOTAL amount from Part V, Question 3 of <i>prior</i> Report.)	
3. What was the total income received during the Report Period ? (Use the amount from Part IV, Question 3 of <i>this</i> Report.)	
4. What is the total amount of Expenses paid during the Report Period ? (Use the amount from Part III, Question 1 of <i>this</i> Report.)	
5. What are the Total Assets remaining at the end of the Report Period ? (Use the amount from Part V, Question 3 of <i>this</i> Annual Report.)	
6. What is the Unspent Income at the end of the Report Period ? (Use the amount from Part IV, Question 5 of <i>this</i> Report.)	

I verify that the foregoing information is correct to the best of my knowledge, information and belief; and that this verification is subject to the penalties of 18 Pa.C.S. §4904 relative to unsworn falsification to authorities.

Effective June 1, 2019, I further acknowledge the Notice of Filing must be served within 10 days of the filing of this report pursuant to Pa. O.C. Rule 14.8(b).

Date

Signature of Guardian of the Estate

Name of Guardian of the Estate (type or print)

Address

City, State, Zip

Home Phone Number

Office Phone Number

Cell Phone Number

Email

Date

Signature of Co-Guardian of the Estate

Name of Co-Guardian of the Estate (type or print)

Address

City, State, Zip

Home Phone Number

Office Phone Number

Email

COURT OF COMMON PLEAS
_____ COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

REPORT OF GUARDIAN OF THE PERSON

Estate of: _____, an Incapacitated Person
Name of Incapacitated Person

Case File No: _____

DATE COURT APPOINTED YOU AS GUARDIAN: _____

PART I. INTRODUCTION

1. Name(s) of Guardian(s): _____

2. Is this a limited Guardianship? Yes No

3. Report Period

This is the **Report** for the period from _____ to _____
_____ (the "**Report Period**"); or

This is the **Final Report** for the period from _____ to _____
_____ (the "**Report Period**") and is filed for the following reason:

The death of the Incapacitated Person.

Date of Death: _____

Name of Executor/Administrator: _____

The Guardianship was terminated by a court order dated: _____

Transfer of Guardianship to: _____

Date of court order approving transfer: _____

IF THIS IS A FINAL REPORT, ONLY COMPLETE PARTS I AND V.

PART II. PERSONAL INFORMATION ABOUT THE INCAPACITATED PERSON

1. Incapacitated Person's date of birth: ____ / ____ / ____

2. Incapacitated Person's Current Residence:

3. Residence of the Incapacitated Person

Incapacitated Person's home (with part-time home health care aide *or* 24/7 assistance)

Your home

Relative's home

Relative's Name: _____ Relationship: _____

Domiciliary Care

Facility Name: _____

Personal Care Boarding Home

Facility Name: _____

Is this a Memory Support Facility? Yes No

Assisted Living Facility

Facility Name: _____

Is this a Memory Support Facility? Yes No

Nursing Home Facility

Facility Name: _____

Is this a Memory Support Facility? Yes No

Other: _____

4. The Incapacitated Person has been in the residence noted in question 3 since: _____

5. Has the Incapacitated Person moved during the **Report Period**?

Yes

No

If **yes**, date of move: _____

If **yes**, please provide:

Reason for move: _____

Previous residence/address: _____

PART III. MEDICAL INFORMATION

1. List the medical professionals who have seen the Incapacitated Person during the **Report Period**:

	Name
Medical Doctor	
Dentist	
Eye Doctor	
Ear Doctor	
Psychologist or Psychiatrist	
Physical Therapist	
Occupational Therapist	
Social Worker	
Geriatric Caseworker	
Other	

2. The major medical or psychiatric problems of the Incapacitated Person are as follows:

3. Describe any social, medical, psychological and support services the Incapacitated Person is receiving:

4. Has the Incapacitated Person been hospitalized during the **Report Period**?

Yes

No

If yes, date(s) of hospitalization: _____

5. Has the Incapacitated Person received a mental health assessment during the **Report Period**?

Yes

No

If yes, date(s) of evaluation: _____

PART IV. GUARDIAN'S OPINION

1. Should the guardianship be:

- Continued
- Continued with modifications
- Terminated

2. Provide the reasons for your opinion. List specific recommended modifications.

3. Have you filed a petition for modification or termination?

- Yes
- No

PART V. INFORMATION ABOUT THE GUARDIAN

1. On average, how often did you visit the Incapacitated Person during the **Report Period**?

- I live with the Incapacitated Person
- None
- Quarterly
- Monthly
- Weekly
- Daily

2. What is the average length of a visit?

- Less than 15 minutes
- Between 15 minutes and 1 hour
- Between 1 and 2 hours
- More than 2 hours
- Not applicable

3. Have you maintained a log of your activities as guardian?

- Yes - Attach a copy
- No

4. During this **Report Period**, did any guardian participate in guardianship training?

Yes

No

If **yes**, provide the following information:

Guardian Name	Dates of Training		Provider	Training Description
	Starting	Ending		

5. During this **Report Period**, was any guardian charged with or convicted of a crime?

Yes - Please describe No

Guardian Name

Description

6. During this **Report Period**, was a Protection from Abuse Order or Protection from Sexual Violence or Intimidation Order entered against any guardian?

Yes - Please describe No

Guardian Name

Description

7. Is there any reason any guardian cannot continue to serve as guardian?

Yes - Please describe No

Guardian Name

Description

I verify that the foregoing information is correct to the best of my knowledge, information and belief; and that this verification is subject to the penalties of 18 Pa.C.S. §4904 relative to unsworn falsification to authorities.

Effective June 1, 2019, I further acknowledge the Notice of Filing must be served within 10 days of the filing of this report pursuant to Pa. O.C. Rule 14.8(b).

Date

Signature of Guardian of the Person

Name of Guardian of the Person (type or print)

Address

City, State, Zip

Home Phone Number

Office Phone Number

Cell Phone Number

Email

Date

Signature of Co-Guardian of the Person

Name of Co-Guardian of the Person (type or print)

Address

City, State, Zip

Home Phone Number

Office Phone Number

Cell Phone Number

Email

SAMPLE FINAL DECREE:
PLENARY GUARDIAN OF THE PERSON ONLY

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA
ORPHANS' COURT DIVISION

O.C. No. XXX AI of 2018
Control No. XXXXXX

Estate of IVAN INCAPACITATED, an Alleged Incapacitated Person

FINAL DECREE

AND NOW, this ____ day of _____, 20____, upon consideration of the Petition and after a hearing held following due service of a copy of the Petition and Citation with Notice as directed by the Court, this Court finds by clear and convincing evidence that:

1. Ivan Incapacitated was born on _____, is ____ years of age, and is domiciled in the City and County of Philadelphia.
2. Ivan Incapacitated suffers from _____.
3. Ivan Incapacitated's mental and physical disabilities so impair his capacity to receive and evaluate information effectively and to make and communicate decisions that he is totally unable to meet essential requirements for his physical health and safety.
4. Ivan Incapacitated is in need of guardianship services.

Accordingly, it is hereby **ORDERED and DECREED** that Ivan Incapacitated is adjudged a totally incapacitated person, and that Gary Guardian is appointed Plenary Guardian of the Person of Ivan Incapacitated, an incapacitated person.

The said Plenary Guardian shall file Annual Reports at least once within the first twelve months of the appointment and at least annually thereafter in accordance with the provisions of 20 Pa.C.S. §5521(c)(1)(i) and (c)(1)(ii).

Within sixty (60) days after the death of the incapacitated person or an adjudication of capacity, the Plenary Guardian of the Person shall file a Final Report with the Court pursuant to 20 Pa.C.S. §5521(c)(2).

The Plenary Guardian of the Person, unless authorized after a subsequent hearing, shall not have the power to:

1. Consent on behalf of the incapacitated person to psychosurgery, electroconvulsive therapy or removal of a healthy body organ;
2. Prohibit the marriage or consent to the divorce of the incapacitated person; or
3. Consent on behalf of the incapacitated person to the performance of any experimental biomedical or behavioral medical procedure or participation in any biomedical or behavioral experiment.

Ivan Incapacitated was/was not present at the hearing and was/was not represented by counsel. Petitioners shall cause to be read to Ivan Incapacitated a copy of this Decree and the Statement of Rights, a copy of which is attached to this Decree as Exhibit "A", and file proof of such service with the Court within ten (10) days.

All evidence received at the hearing concerning the present matter, including but not limited to medical depositions, all testimony and all exhibits, shall be SEALED and not made available except upon further Decree of this Court.

J.

STATEMENT OF RIGHTS

A FINAL DECREE HAS BEEN ENTERED WHEREBY YOU HAVE BEEN ADJUDICATED AN INCAPACITATED PERSON AND UNABLE TO CARE FOR YOURSELF AND TO MANAGE YOUR PERSONAL AND/OR FINANCIAL AFFAIRS.

YOU HAVE THE RIGHT TO FILE (1) A MOTION FOR RECONSIDERATION OF THIS FINAL DECREE BY THE ORPHANS' COURT WHICH ISSUED IT, AND/OR (2) AN APPEAL TO THE SUPERIOR COURT. THESE FILINGS MUST BE MADE PROMPTLY AND NO LATER THAN THIRTY (30) DAYS AFTER THE DATE OF THE FINAL DECREE. IF BOTH FILINGS ARE MADE AND THE ORPHANS' COURT GRANTS RECONSIDERATION WITHIN THOSE THIRTY (30) DAYS, THE APPEAL WILL BE STRICKEN, BUT MAY AGAIN BE FILED WITHIN THIRTY (30) DAYS AFTER THE DECISION IS RENDERED ON THE RECONSIDERATION.

IN ADDITION, AT ANY FUTURE TIME YOU MAY PETITION THE COURT TO REVIEW THE GUARDIANSHIP DECISION, INCLUDING TO REQUEST THE COURT TO MODIFY OR TO TERMINATE THE GUARDIANSHIP IF THERE IS A SIGNIFICANT CHANGE IN YOUR CAPACITY OR YOUR NEEDS OR IF YOUR GUARDIAN FAILS TO ACT IN YOUR BEST INTERESTS OR FAILS TO PERFORM THEIR DUTIES IN ACCORDANCE WITH THE COURT'S ORDER.

IF YOU WISH TO FILE A MOTION FOR RECONSIDERATION AND/OR AN APPEAL OF THE FINAL DECREE OF THE ORPHANS' COURT, OR TO PETITION THE COURT TO REVIEW THE GUARDIANSHIP DECISION, YOU MAY BE REPRESENTED BY AN ATTORNEY. IF YOU DO NOT HAVE AN ATTORNEY, YOU MAY REQUEST THAT THE COURT APPOINT ONE TO REPRESENT YOU AND TO HAVE THE ATTORNEY'S FEES PAID FOR YOU IF YOU CANNOT AFFORD TO PAY THEM YOURSELF.

EXHIBIT "A"

SAMPLE FINAL DECREE:
PLENARY GUARDIAN OF THE PERSON AND ESTATE

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA
ORPHANS' COURT DIVISION

O.C. No. XXX AI of 2018
Control No. XXXXXX

Estate of IVAN INCAPACITATED, an Alleged Incapacitated Person

FINAL DECREE

AND NOW, this ____ day of _____, 20____, upon consideration of the Petition and after a hearing held following due service of a copy of the Petition and Citation with Notice as directed by the Court, this Court finds by clear and convincing evidence that:

1. Ivan Incapacitated was born on _____, is ____ years of age, and is domiciled in the City and County of Philadelphia.
2. Ivan Incapacitated suffers from _____.
3. Ivan Incapacitated's mental and physical disabilities so impair his capacity to receive and evaluate information effectively and to make and communicate decisions that he is totally unable to meet essential requirements for his physical health and safety and to manage his finances.
4. Ivan Incapacitated is in need of guardianship services.

Accordingly, it is hereby **ORDERED and DECREED** that Ivan Incapacitated is adjudged a totally incapacitated person, and that Gary Guardian is appointed Plenary Guardian of the Person and Estate of Ivan Incapacitated, an incapacitated person.

The said Guardian shall enter security in the amount of: \$ _____

The said Plenary Guardian of the Estate is directed to file an Inventory within ninety (90) days of the date of this Decree in accordance with the provisions of 20 Pa.C.S. §5521(b) and §5142, and is not permitted to expend principal of the incapacitated person's estate without permission of the Court in accordance with the provisions of 20 Pa.C.S. §5536.

The said Plenary Guardian shall file Annual Reports at least once within the first twelve months of the appointment and at least annually thereafter in accordance with the provisions of 20 Pa.C.S. §5521(c)(1)(i) and (c)(1)(ii).

Within sixty (60) days after the death of the incapacitated person or an adjudication of capacity, the Plenary Guardian of the Person shall file a Final Report with the Court pursuant to 20 Pa.C.S. §5521(c)(2).

The Plenary Guardian of the Person, unless authorized after a subsequent hearing, shall not have the power to:

1. Consent on behalf of the incapacitated person to psychosurgery, electroconvulsive therapy or removal of a healthy body organ;
2. Prohibit the marriage or consent to the divorce of the incapacitated person; or
3. Consent on behalf of the incapacitated person to the performance of any experimental biomedical or behavioral medical procedure or participation in any biomedical or behavioral experiment.

An Official Examiner of this Court shall attend the opening of the safe deposit box. The Certificate of the Official Examiner of the examination of the assets of the safe deposit box shall be submitted to the Court and, when approved by the Hearing Judge, shall be filed with the record in this case. The amount and manner of the compensation for the services of the Official Examiner shall be determined by the Hearing Judge.

In the event that the incapacitated person shall reside in a nursing facility and be the recipient of Medical Assistance, the Guardian of the Estate shall be compensated out of income at the rate of \$100.00 per month. In all circumstances, compensation out of income shall not prejudice the right of the Guardian to seek additional compensation by petition for allowance.

Ivan Incapacitated was/was not present at the hearing and was/was not represented by counsel. Petitioners shall cause to be read to Ivan Incapacitated a copy of this Decree and the Statement of Rights, a copy of which is attached to this Decree as Exhibit "A", and file proof of such service with the Court within ten (10) days.

All evidence received at the hearing concerning the present matter, including but not limited to medical depositions, all testimony and all exhibits, shall be SEALED and not made available except upon further Decree of this Court.

J.

STATEMENT OF RIGHTS

A FINAL DECREE HAS BEEN ENTERED WHEREBY YOU HAVE BEEN ADJUDICATED AN INCAPACITATED PERSON AND UNABLE TO CARE FOR YOURSELF AND TO MANAGE YOUR PERSONAL AND/OR FINANCIAL AFFAIRS.

YOU HAVE THE RIGHT TO FILE (1) A MOTION FOR RECONSIDERATION OF THIS FINAL DECREE BY THE ORPHANS' COURT WHICH ISSUED IT, AND/OR (2) AN APPEAL TO THE SUPERIOR COURT. THESE FILINGS MUST BE MADE PROMPTLY AND NO LATER THAN THIRTY (30) DAYS AFTER THE DATE OF THE FINAL DECREE. IF BOTH FILINGS ARE MADE AND THE ORPHANS' COURT GRANTS RECONSIDERATION WITHIN THOSE THIRTY (30) DAYS, THE APPEAL WILL BE STRICKEN, BUT MAY AGAIN BE FILED WITHIN THIRTY (30) DAYS AFTER THE DECISION IS RENDERED ON THE RECONSIDERATION.

IN ADDITION, AT ANY FUTURE TIME YOU MAY PETITION THE COURT TO REVIEW THE GUARDIANSHIP DECISION, INCLUDING TO REQUEST THE COURT TO MODIFY OR TO TERMINATE THE GUARDIANSHIP IF THERE IS A SIGNIFICANT CHANGE IN YOUR CAPACITY OR YOUR NEEDS OR IF YOUR GUARDIAN FAILS TO ACT IN YOUR BEST INTERESTS OR FAILS TO PERFORM THEIR DUTIES IN ACCORDANCE WITH THE COURT'S ORDER.

IF YOU WISH TO FILE A MOTION FOR RECONSIDERATION AND/OR AN APPEAL OF THE FINAL DECREE OF THE ORPHANS' COURT, OR TO PETITION THE COURT TO REVIEW THE GUARDIANSHIP DECISION, YOU MAY BE REPRESENTED BY AN ATTORNEY. IF YOU DO NOT HAVE AN ATTORNEY, YOU MAY REQUEST THAT THE COURT APPOINT ONE TO REPRESENT YOU AND TO HAVE THE ATTORNEY'S FEES PAID FOR YOU IF YOU CANNOT AFFORD TO PAY THEM YOURSELF.

EXHIBIT "A"

SAMPLE DECREE:
EMERGENCY GUARDIAN OF THE PERSON ONLY

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA
ORPHANS' COURT DIVISION

O.C. No. XXX AI of 2018
Control No. XXXXXX

Estate of IVAN INCAPACITATED, an Alleged Incapacitated Person

DECREE

AND NOW, this ____ day of _____, 20____, upon consideration of the Petition and after a hearing held following due service of a copy of the Petition and Citation with Notice as directed by the Court, this Court finds by clear and convincing evidence that:

1. Ivan Incapacitated was born on _____, is ____ years of age, and is domiciled in the City and County of Philadelphia.

2. Ivan Incapacitated has recently been admitted to _____ Hospital for treatment of _____.

3. Ivan Incapacitated requires _____ to avoid irreparable harm and possible death.

4. Ivan Incapacitated lacks the capacity to provide consent for this necessary medical procedure and to otherwise handle his medical affairs as he cannot understand his illness or treatment options, and therefore unable to provide the necessary consents for the necessary procedure.

Accordingly, it is hereby **ORDERED and DECREED** that Gary Guardian is appointed temporary Emergency Guardian of the Person of Ivan Incapacitated, an alleged incapacitated person. Said guardian is authorized to consent to the medical treatment required and any subsequent treatment decisions which are necessary to prevent irreparable harm to the person of Ivan Incapacitated.

Said appointment of Gary Guardian as temporary Emergency Guardian of the Person shall expire in seventy-two (72) hours from the date of this Decree.

All evidence received at the hearing concerning the present matter, including but not limited to medical depositions, all testimony and all exhibits, shall be SEALED and not made available except upon further Decree of this Court.

J.

SAMPLE DECREE:
EMERGENCY GUARDIAN OF THE PERSON AND ESTATE

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA
ORPHANS' COURT DIVISION

O.C. No. XXX AI of 2018
Control No. XXXXXX

Estate of IVAN INCAPACITATED, an Alleged Incapacitated Person

DECREE

AND NOW, this ____ day of _____, 20 ____, upon consideration of the Petition and after a hearing held following due service of a copy of the Petition and Citation with Notice as directed by the Court, this Court finds by clear and convincing evidence that:

1. Ivan Incapacitated was born on _____, is ____ years of age, and is domiciled in the City and County of Philadelphia.

2. Ivan Incapacitated suffers from _____, which totally impair his capacity to receive and evaluate information effectively and to make and communicate decisions concerning management of his financials affairs and to meet the essential requirements for his physical health and safety

3. Ivan Incapacitated is in need of an Emergency Guardian of the Person and Estate and failure to make such an appointment will result in irreparable harm and/or death.

Accordingly, it is hereby **ORDERED and DECREED** that Gary Guardian is appointed Emergency Guardian of the Person and Estate of Ivan Incapacitated, an alleged incapacitated person, for the purpose of _____.

Said appointment of Gary Guardian as Emergency Guardian of the Person shall expire in seventy-two (72) hours from the date of this Decree.

Said appointment of Gary Guardian as Emergency Guardian of the Estate shall expire in thirty (30) days from the date of this Decree.

All evidence received at the hearing concerning the present matter, including but not limited to medical depositions, all testimony and all exhibits, shall be SEALED and not made available except upon further Decree of this Court.

J.

SOURCES FOR LEGAL SERVICES

The list below are the most common sources for individuals without attorneys, and/or with limited resources to obtain legal advice and representation. This is by no means a complete list and does not include individual attorneys who practice in this area and before this Court.

Center for Advocacy for the Rights and Interest of the Elderly (CARIE)

1500 JFK Blvd., Suite 1500

(215) 545-5728

Website: www.carie.org

Community Legal Services (CLS)

1424 Chestnut Street: (215) 981-3700

1410 West Erie Avenue: (215) 227-2400

Website: www.CLSPhila.org

Elder Justice & Civil Resource Center

Room 278 City Hall: (215) 686-7027

Website: <http://www.courts.phila.gov/ejc/>

Homeless Advocacy Project (HAP)

1429 Walnut Street, 15th Floor

(215) 523-9595

Legal Clinic for the Disabled Inc. (LCD)

1513 Race Street: (215) 587-3350

Intake line open Wednesdays 9:30 am – 3:30 pm

Website: www.lcdphila.org

Philadelphia Bar Association Lawyer Referral and Information Service

(Referral of private attorneys)

(215) 238-6333

Website: <https://lris.philadelphiabar.org>

Philadelphia Corporation of Aging (PCA)

642 North Broad Street
(215) 765-9000/ (215) 765-9040
Website: www.pcacares.org

Philadelphia Legal Assistance (PLA)

718 Arch Street, Suite 300N: (215) 981-3800
Website: www.PhilaLegal.org

Senior Law Center

Two Penn Center, 1500 John F. Kennedy Blvd. #1501
(215) 215-988-1244

Temple University Legal Aid Office:

1719 North Broad Street
(215) 204-1800

Temple University Elderly Law Project:

1719 North Broad Street
(215) 204-6887

University of Pennsylvania Gittis Center for Clinical Legal Studies

3400 Chestnut Street
(215) 898-8427

Volunteers for the Indigent Program (VIP)

(Referrals only thru PLA or CLS agencies)
1500 Walnut Street, Suite 400: (215) 523-9550
Website: www.phillyvip.org