

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

**O.C. No. \_\_\_\_\_ AI of 20 \_\_\_\_\_  
Control No. \_\_\_\_\_**

**ESTATE OF \_\_\_\_\_,  
AN ALLEGED INCAPACITATED PERSON**

**CERTIFICATION OF MEETING WITH CLIENT**

I, \_\_\_\_\_, Esq., court appointed attorney for  
\_\_\_\_\_, an Alleged Incapacitated Person, hereby certify  
that I met with my client on \_\_\_\_\_, 202\_\_\_\_\_, at \_\_\_\_\_

\_\_\_\_\_ at approximately \_\_\_\_\_ AM PM in compliance with 20 Pa. C.S. §5511(a.1)(3).

The above statements are made subject to the penalties of 18 Pa. C.S. §4904 relating to  
unsworn falsification to authorities.

/s/ \_\_\_\_\_  
\_\_\_\_\_

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