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 Guardian was discharged by a court order dated: _____
     - ☐ Order for Adjudication of Capacity dated: _____
     - ☐ Limited Duration Order Expired, dated: _____
     - ☐ Transfer of Guardianship to: _____
       Date of court order approving transfer: _____
4. Where is the Incapacitated Person physically living?

   _____
   _____
   _____

5. Nature of Residence of the Incapacitated Person (Select One)

☐ 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: _____
Is this a Memory Support Facility? ☐ Yes ☐ No

☐ Personal Care Boarding Home
Facility Name: _____
Is this a Memory Support Facility? ☐ Yes ☐ No

☐ Group 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: _____

6. 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: _____

7. What is the Gender of the Incapacitated Person?

- ☐ Female
- ☐ Male
- ☐ Unreported / Unknown

8. What is the Race of the Incapacitated Person?

- ☐ Asian
- ☐ Asian / Pacific Islander
- ☐ Black
- ☐ Multi-Racial
- ☐ Native American / Alaskan Native
- ☐ Native Hawaiian / Pacific Islander
- ☐ Unreported / Unknown
- ☐ White

9. What is the Ethnicity of the Incapacitated Person?

- ☐ Hispanic
- ☐ Non Hispanic
- ☐ Unknown

10. Does the Incapacitated Person still require a guardian? Should the guardianship be:

- ☐ Continued
- ☐ Continued with modifications
- ☐ Discharged

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

_____

_____

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

- ☐ Yes
- ☐ No

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	☐ Yes ☐ No	$
Annuity Payments	☐ Yes ☐ No	$
Dividends	☐ Yes ☐ No	$
Interest Income	☐ Yes ☐ No	$
IRA Distributions (for example: 401(k), 403(b), etc.)	☐ Yes ☐ No	$
Long Term Care Insurance Benefits	☐ Yes ☐ No	$
Pension/Retirement Benefits	☐ Yes ☐ No	$
Public Assistance	☐ Yes ☐ No	$
Rental Property Income	☐ Yes ☐ No	$
Royalties (including from mineral and land rights)	☐ Yes ☐ No	$
Social Security (Retirement, Disability, SSI, or any other SSA benefits)	☐ Yes ☐ No	$
Tax Refund	☐ Yes ☐ No	$
Trust Income	☐ Yes ☐ No	$
Veterans Benefits (disability/pension/aid and attendance)	☐ Yes ☐ No	$
Wages	☐ Yes ☐ No	$
Worker's Compensation Benefits	☐ Yes ☐ No	$
Other	☐ Yes ☐ 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		$
Filing Fees		$
Food		$
Gifts - Personal or Charitable		$
Home Health Care/Personal Aide		$
Homeowners Insurance		$
Home/Property Maintenance & Repair		$
Income Taxes		$
Legal Fees		$
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)? **$** _____

3. Was a gift or charitable expense recorded in this **Report Period?**

   ☐ Yes - Complete the table below ☐ No - Skip to Part IV, Question 1

Amount	Recipient	Court Order Obtained?	If yes, Court Order Date. If no, Explain
$			
$			
$			
$			

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.) Any currently held asset not previously reported must be reported regardless of when the asset was obtained.

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?
(If yes, please make sure the property is listed under assets.)
☐ 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	Explanation
			$		
			$		
			$		

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?	If Hourly, # of Hours
$			
$			
$			
$			
$			
$			
$			
$			
$			

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 (any type of SSA benefit)

☐ The Incapacitated Person does not receive SSA benefits.

☐ The Guardian acts as the representative payee. If you were required to provide a report to the SSA during this **Report Period**, please attach a copy.

☐ The Guardian is not the representative payee for SSA benefits. The payee is _____.

1b. Veterans Affairs (VA) Benefits

☐ The Incapacitated Person does not receive VA benefits.

☐ The Guardian acts as the fiduciary. If you were required to provide a report to the VA during this **Report Period**, please attach a copy.

☐ The Guardian is not the fiduciary for VA benefits. The fiduciary 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 TOTAL)?

☐ 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

Guardian Name *Description*

_____ _____

_____ _____

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

☐ Yes - Please describe ☐ No

Guardian Name *Description*

_____ _____

_____ _____

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

Guardian Name	*Description*

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 *this* 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 *prior* Report.)	$
3. What was the total income received during the **Report Period**? (Use the amount from Part IV, Question 3 of *this* Report.)	$
4. What is the total amount of Expenses paid during the **Report Period**? (Use the amount from Part III, Question 1 of *this* Report.)	$
5. What are the Total Assets remaining at the end of the **Report Period**? (Use the amount from Part V, Question 3 of *this* Annual Report.)	$
6. What is the Unspent Income at the end of the **Report Period**? (Use the amount from Part IV, Question 5 of *this* 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.

I further acknowledge the Notice of Filing must be served within 10 days of the filing of this report pursuant to Pa.R.O.C.P. 14.8(b). Service shall be in accordance with Pa.R.O.C.P. 4.3.

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