

Orphans' Court Division Instructions for Completing Petition for Review Hearing

At any time following the issuance of the order establishing guardianship, any interested person may file a Petition with the Court to terminate or modify the guardianship. After review of the Petition, the Court may schedule a Review Hearing.

A sample Petition for Review Hearing is attached. Your Petition **MUST** be filed with the Clerk of the Orphans' Court (tel: 215-686-2230) either electronically through the Court's website at <https://www.courts.phila.gov>, or in person in City Hall, Room 415, Philadelphia, PA 19107.

NOTICE: The Court is **not** permitted to provide legal advice. It is strongly recommended that you consult an attorney. The information provided here is not a substitute for professional legal advice.

If a Review Hearing is scheduled by the Court and the Incapacitated Person is unrepresented by counsel, the Court will appoint an attorney to represent the Incapacitated Person **only**. As the Petitioner, you may proceed *pro se* or you may retain the services of an attorney to represent you.

1. All blanks and all questions in the Petition **MUST** be filled in or answered except for the proposed Decree. Your Petition may be dismissed or denied for failure to properly complete all information.
2. The Petition **MUST** be served in accordance with Pa.R.O.C.P. 4.3 upon the Incapacitated Person, his or her counsel, and those entitled to notice pursuant to Pa.R.O.C.P. 14.2(f)(2). See also Pa.R.O.C.P. 14.9.
3. Your Petition will be assigned to and reviewed by an Orphans' Court judge. You will receive notice from the Orphans' Court Clerk's Office when the judge issues any Decree.

Definition of Terms:

Petitioner: A party who presents a Petition to a court or other official body.

Pro se: [Latin: "*for oneself*"] A party who represents themselves in court without the assistance of an attorney.

Respondent: A party who is the subject of a Petition and must respond to it.

Sui Juris: [Latin: "*of one's own right*"] An individual having full legal rights or capacity.

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

O.C. No. _____ IC of 20 _____

Estate of _____, an Incapacitated Person

NOTICE TO PLEAD

To: Respondent and Parties in Interest

You are hereby notified to file a written response to the enclosed Petition for Review Hearing within twenty (20) days from the date of notice or on or before the date when the pleading is to be filed, whichever is later, or the court may deem that you have no objection to the relief requested therein and may grant such relief without further notice to you.

Signature

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Date: _____

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

O.C. No. _____ IC of _____

Control No. _____

Estate of _____, an Incapacitated Person

DECREE SCHEDULING REVIEW HEARING

AND NOW, this _____ day of _____, 20_____, upon
consideration of the Petition for Review Hearing filed by _____,

It is hereby **ORDERED AND DECREED** that a Review Hearing is scheduled for
_____, 20_____ at _____ am/pm in Courtroom
_____, City Hall, Philadelphia.

BY THE COURT:

J.

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

O.C. No. _____ IC of _____

Estate of _____, an Incapacitated Person

PETITION FOR REVIEW HEARING PURSUANT TO 20 Pa.C.S. §5512.2

TO THE HONORABLE, THE JUDGE OF SAID COURT:

Petitioner, _____, respectfully represents as follows:

1. Petitioner is an adult individual aged _____ who resides at _____
_____, with a
phone number of _____.

2. _____ was adjudicated to be an Incapacitated
Person by this Court by Final Decree dated _____, 20_____. In
that Final Decree, the following was/were appointed to act as Guardian(s);

- a. Guardian of the Estate: _____, with an
address of _____; and
- b. Guardian of the Person: _____, with
an address of _____.

3. Petitioner's relationship to the Incapacitated Person is:

- ☐ Self
- ☐ Court-appointed Guardian of Estate
- ☐ Court-appointed Guardian of Person
- ☐ Relative, specifically: _____
- ☐ Other, specifically: _____

4. If the Incapacitated Person has been a patient in a mental health facility, state:

a. The name of the facility: _____

b. The date of admission: _____

c. The date of discharge: _____

5. The Incapacitated Person currently resides at: _____

6. The Incapacitated Person currently resides with: _____

7. The Incapacitated Person's presumptive intestate heirs are as follows (attach additional pages if needed):

Name: _____

Address: _____

Relationship: _____

Sui Juris? ☐ Yes ☐ No

Name: _____

Address: _____

Relationship: _____

Sui Juris? ☐ Yes ☐ No

Name: _____

Address: _____

Relationship: _____

Sui Juris? ☐ Yes ☐ No

Name: _____

Address: _____

Relationship: _____

Sui Juris? ☐ Yes ☐ No

8. Is the Incapacitated Person represented by counsel? ☐ Yes ☐ No

If yes, name and address of counsel: _____

9. Petitioner requests that this Court schedule a review hearing because:

- ☐ There has been a significant change in the capacity of the Incapacitated Person.

Specifically: _____

- ☐ There has been a change in the need for guardianship services. Specifically:

- ☐ The Guardian appointed by this Court has failed to perform his/her duties or has failed to act in the best interests of the Incapacitated Person. Specifically:

10. Petitioner acknowledges they are required to provide notice of the filing of this Petition pursuant to Pa.R.O.C.P. 14.9(c)(2) to the Incapacitated Person, his or her counsel, and those entitled to notice pursuant to Pa.R.O.C.P. 14.2(f)(2). Including without limitation, Petitioner has provided or will provide appropriate notice of the following of the filing of this Petition to:

- ☐ the Incapacitated Person;
- ☐ counsel for the Incapacitated Person;
- ☐ current Guardian of the Estate of the Incapacitated Person;

- ☐ current Guardian of the Person of the Incapacitated Person;
- ☐ all persons *sui juris* who would be entitled to an intestate share in the estate of the Incapacitated Person;
- ☐ the person or institution providing residential services to the Incapacitated Person;
- ☐ any nominees of the Incapacitated Person in a healthcare power of attorney, advance healthcare directive, power of attorney, or other writing authorizing another to act on behalf of the Incapacitated Person.

WHEREFORE, Petition respectfully requests that this Court schedule a Review Hearing for consideration of the within Petition.

I certify that the above statements are true and correct to the best of my knowledge and are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

Signature

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Date: _____

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

O.C. No. _____ IC of 20 _____

Estate of _____, an Incapacitated Person

CERTIFICATE OF SERVICE

I, _____, hereby certify that I caused a true
and correct copy of the Petition for Review Hearing to be served on _____,
20____, via _____
to the following parties:

Names & Addresses of all Parties

Signature

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Date: _____