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# **MANUAL FOR GUARDIANS OF INCAPACITATED PERSONS**

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**Orphans' Court Division**



**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA  
COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY  
ORPHANS' COURT DIVISION**

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## Introduction

Thank you for your willingness to serve in the very important role of a Guardian. This manual is designed to assist you in navigating your new role. Along with following the rules as described in this manual, one guiding principle that you should keep in mind is that you should always act in the best interests of the Incapacitated Person.

Guardians play a vital role in ensuring that the needs of the most vulnerable members of our community are met. These people include: the elderly, children, mentally ill or challenged persons, and those who are developmentally disabled. Although many of these people may never need the help of a guardian, some individuals do need assistance. Your service as a guardian will ensure that at least one vulnerable person receives the help that he or she needs.

Many questions come to mind when we realize that a loved one or someone we know cannot care for themselves or make necessary decisions. The goal of this instruction manual is to help you, the “Guardian”, with finding answers to difficult questions.

While serving as a guardian is often a very rewarding experience, there are some challenges that you may face. In this manual, you will find the law of guardianship in Philadelphia County with an explanation of how and when a guardian is appointed.

Many of the actions in this manual require the completion of a form or a petition (a document used in a court proceeding). While you may be able to complete these documents on your own, we recommend that you seek legal assistance when planning the future of loved ones. For that reason, we have included a list of agencies that may be able to assist you with legal advice and help you with completing the required forms.

Please remember that this manual is not designed as a comprehensive legal reference nor is it a substitute for legal advice (which court employees are prohibited from giving). Legal advice includes giving case-specific advice and instructing an applicant or guardian how to select or complete forms.

**If you need legal advice, you are strongly encouraged to consult with an attorney who is experienced in guardianship matters.**



## **Disclaimer**

### **THE INFORMATION BELOW IS A PARTIAL LIST ONLY!**

This list of duties and responsibilities below is partial and by no means complete.

It is highly recommended that you consult with a qualified attorney concerning additional duties and responsibilities which cannot be set forth here.



## **Frequently Asked Questions (FAQs)**

### **Who is an “Incapacitated Person”?**

- An adult
- Age 18 and older
- Who is unable to manage or make decisions for his or her own money, property, and/or health and safety.
  - An example of an Incapacitated Person is: someone who may not remember to take prescribed medications or is unable to prepare their own meals.
- An incapacitated person may be developmentally disabled or may have lost capacity due to an illness or injury at some point in their life
- The legal definition of an “Incapacitated Person” is: “an adult whose ability to receive and evaluate information effectively and to make and communicate decisions in any way is impaired to such a significant extent that he or she is partially or totally unable to manage his or her financial resources or to meet essential requirements of his or her physical safety”.
- When a “Petition for Guardianship” is filed with the Court, on behalf of an “Alleged Incapacitated Person”, the assigned Judge will hold a hearing to determine whether or not the Court should declare them as an “Incapacitated Person”.

### **What is a “Guardian”?**

- An adult
- Appointed by the Court
- To manage the important life decisions for an incapacitated person including:
  - Health/Medical Procedures,
  - Finances, and/or
  - Property

### **How long does a Guardianship last?**

- A Guardian may be appointed:
  - Indefinitely
    - This is the most common
- On an emergency basis (for up to 72 hours)
- A specified length

### **What is a “Guardian of the Person”?**

- A Guardian of the Person is an individual appointed to make decisions to protect the health and safety of an incapacitated person.
- See p. 9-11 for further information

### **What is a “Guardian of the Estate”?**

- A Guardian of the Estate is an individual appointed to make decisions and manage the income, investments, real estate, and any other property owned by the Incapacitated Person.
- See p. 12-14 for further information

### **What is a “Guardian of the Estate and Person”?**

- A Guardian of the Estate and Person is an individual appointed to make decisions for the health and safety of an incapacitated person AND to manage the income, investments, real estate, and any other property owned by the Incapacitated Person.
- See p. 9-14 for further information

### **What is the “Guardianship Tracking System” (GTS)?**

- GTS is an online alternative to paper forms which
  - Simplifies report filings by guardians
  - Provides secured submissions online
  - Confirms court receipt of submission
  - Reminds guardian of due dates for reports
  - Provides online guidance for report completion
  - Stores previously filed reports
  - Allows for online payment of filing fees.
  - GTS can be accessed at:  
<https://ujportal.pacourts.us/Guardianship.aspx>.



## **First Steps**

### **(1) Review the Final Decree**

- The “Final Decree” from the Court is the document that that appoints you as Guardian of the Person, Estate, or both.
- It provides important information that describes your authority as guardian.
  - If your appointment as guardian has limitations, you cannot exceed them.
- Make sure you keep the “Final Decree” in a safe place because it contains important information regarding your appointment as guardian!
- See example of a “Final Decree” in the Sample Decree Index.

### **(2) Familiarize Yourself with Your Responsibilities as a Guardian**

- The Guardian acts as a decision maker for an Incapacitated Person. You should always:
  - Ensure the well-being of the person.
  - Maintain and promote improved quality of life.
  - Seek and monitor appropriate care
  - Exercise care and diligence on behalf of the incapacitated person.
  - Protect independence, autonomy, and rights of the incapacitated person.
  - Act in the **BEST INTEREST** of the incapacitated person.
- Do you know what type of Guardian you are?
  - **Guardian of the Person** possesses powers and rights with regard to the personal matters of the individual
  - **Guardian of the Estate** possesses powers and rights with regard to the assets of the individual
  - **Guardian of the Estate and the Person** possesses powers and rights with regard to the personal matters of the individual *and* the assets of the individual
- Do you know the extent of your powers and rights?
  - **Limited Guardian**
    - Possesses limited powers and rights as designated by the Court
  - **Plenary Guardian**
    - Possesses full powers and rights
  - **Emergency Guardian**
    - Possesses powers and rights as designated by the Court
    - For a limited amount of time (up to 72 hours)

### (3) **Posting of Bond**

- Once you have read the “Final Decree” and familiarized yourself with your responsibilities, you will know whether you have been directed to post “bond”
- If you have been directed to post bond – you *cannot* exercise any of your powers or duties as Guardian until bond is obtained and filed.
- You may purchase bond from any approved Corporate Surety
  - **Example:**
    - Fidelity and Deposit Company of Maryland
    - Contact: Willard MacDonnell Agency
    - Email: [bonds@wmacdonnell.com](mailto:bonds@wmacdonnell.com)
    - Phone #: 215-563-1232
    - Address: 100 S. Broad Street, Philadelphia, PA 19110
- Once you obtain bond, you must file it with the Clerk of Orphans’ Court
- The cost of the bond may be paid from the Assets of the Incapacitated Persons’ estate

### (4) **Register with the Guardianship Tracking System (GTS)**

- The Pennsylvania Guardianship Tracking System (GTS) is an application that allows guardians of adult-incapacitated persons to submit inventory and annual person and estate reports online.
- The GTS Application is designed for submitting and tracking guardianship related reports online.
- Once you receive the GTS portal account number, you are ready to register for a portal account.
  - If you need assistance, the staff at the Elder Justice Center can help. Their information is contained below on p. 20.
- You can access GTS at:  
<https://ujportal.pacourts.us/Guardianship.aspx>

### (5) **Make and Maintain Communication with the Incapacitated Person and any Interested Family Members or Parties**

### (6) **Develop a “Plan of Supportive Service”**

- You may need to assist in the development of a plan for supportive service for the Incapacitated Person.
- Supportive Services include:
  - Home placement
  - Nursing services
  - Physical therapy
  - Rehabilitation
  - Meal preparation



- Cleaning
  - Bathing
  - Other activities of daily living
- A Guardian may also select where the Incapacitated Person will live. You should encourage the Incapacitated Person to express their preferences and participate in the decision if they are able.
- If the Incapacitated Person is unable to express their preferences or participate in the selection of the living arrangements, you are to make a decision that you conclude is in the best interests of the Incapacitated Person.

**(7) Encouragement of the Incapacitated Person**

- Whenever possible, a Guardian should encourage the Incapacitated Person to participate in making decisions about his or her care.
- Whenever he or she may be able to do so, a Guardian should encourage the Incapacitated Person to act on his or her own behalf.

**(8) Be the Best Advocate for the Incapacitated Person!**

- Visit the Incapacitated Person monthly (at least)
- Keep accurate log/notes
- Maintain communication
- Encourage social engagement and visits
- Protect the Incapacitated Person from harm

**\*\* Guardians should notify the court immediately of any change in their contact information (home address, phone number, or email address) by contacting the Guardianship Tracking Unit at (215) 686-7037 \*\***



# **Responsibilities and Rules**

## **Responsibilities of the Guardian of the Person**

### **(1) Review the “Final Decree” appointing you as the Guardian of the Person**

- The “Final Decree” describes the extent and limitations of your power as guardian.

### **(2) General responsibilities**

- Including, but not limited to:
  - Seeking and monitoring appropriate care
  - Maintaining and promoting improved quality of life
  - Ensuring the wellbeing of the incapacitated person
  - Protecting the vulnerable adult
  - Respecting the need for self determination
  - Honoring the Incapacitated Persons’ needs as appropriate
  - Advocating for the Incapacitated Person’s safety
  - Seeking the least restrictive living environment
  - Establishing relationships with service providers
  - Making informed medical decisions
  - Including and involving family members

### **(3) Develop a “Plan of Supportive Service”**

- As the Guardian of the Person, you may need to assist in the development of a plan for supportive service for the Incapacitated Person.
- Supportive Services include:
  - Home placement
  - Nursing services
  - Physical therapy
  - Rehabilitation
  - Meal preparation
  - Cleaning
  - Bathing
  - Other activities of daily living
  - Recreational Activities
  - Social Activities
- A Guardian may also select where the Incapacitated Person will live. You should encourage the Incapacitated Person to express their preferences and participate in the decision if they are able.
  - Factors involving Housing Decisions include:
    - Medical status
    - Level of care needed
    - Safety and health risks

- Input of family
- If the Incapacitated Person is unable to express their preferences or participate in the selection of the living arrangements, you are to make a decision that you conclude is in the best interests of the Incapacitated Person.

**(4) Training, Education, Medical, and Psychological Services**

- A “Guardian of the Person” is authorized to assist the Incapacitated Person in the development of self-reliance and independence.
  - You should refer to the Court Decree appointing you as Guardian to see if the Court has given you specific responsibilities pertaining to training, education, and medical/psychological services.
- A Guardian of the Person may give consents or approval for various medical, surgical, psychological, or other treatment alternatives the Incapacitated Person may need.
  - However, there are various medical decisions that you **CANNOT** consent to and require prior approval from the Court.
    - Commitment to a mental health facility
    - Electroconvulsive therapy (ECT)
    - Experimental Treatment
    - Sterilization
    - Abortion
    - Removal of healthy organ
    - Psychotherapy
- As always, your guiding principle is to act in the best interest of the Incapacitated Person.

**(5) Annual Report**

- The Guardian of the Person is required to file an “Annual Report of the Guardian of the Person”, each year on the date of your appointment as Guardian.
- The annual Report of the Guardian of the person must be filed through the statewide Guardian Tracking Service (“GTS”) at:  
<http://ujportal.pacourts.us>
  - You must also prepare and send to all interested parties named on the Final Decree appointing you as Guardian, a “Notice of Filing” (Form G-07, See Form Glossary. The Notice of Filing may be sent by mail, fax, personal delivery, or email.
- The Required Annual Report of Guardian of the Person form (Form G-03, see Form Glossary)
- This responsibility is very important and failure to file the required “Annual Report” will result in the following:
  - Notice to file the “Annual Report”
  - A “Decree” from the Judge ordering you to appear before the Court and explain why you failed to file.
  - Suspension as Guardian

- Fines/Other Sanctions
- Removal as the Guardian of the Person

**(6) Final Report**

- A “Final Report” must be filed once one of the following occurs:
  - Death of the Incapacitated Person
  - A Decree from the Judge determining “capacity” has been regained
  - Upon receipt of a Decree from another state accepting transfer of the Guardianship.
- This “Final Report” must be filed within sixty (60) days of any of the above occurrences. (See Form G-03 “Final Report of Guardian of the Person”, at Form Glossary)
- You must also prepare and send a “Notice of Filing” (See from G-07 at Form Glossary) and send to all interested parties named on the Decree appointing you as Guardian. The Notice of Filing may be sent by mail, fax, personal delivery, or email and ensures all interested parties are notified that you have filed a report.

**You may not:**

- Change the residence of the Incapacitated Person to outside of Pennsylvania without prior permission from the Court.
- Admit the Incapacitated Person to an inpatient psychiatric facility or State Center for the mentally retarded without the permission from the Court.
- Consent to the relinquishment of the rights of the Incapacitated Person as a parent without prior permission from the Court.
- Consent to marriage or divorce



## **Responsibilities of the Guardian of the Estate**

### **(1) Review the “Final Decree” appointing you as the Guardian of the Estate**

- The “Final Decree” describes the extent and limitations of your powers as guardian.

### **(2) Key Responsibilities**

- Including but not limited to:
  - Locating assets
  - Locating expenses
  - Managing income and expenses
  - Budgeting and financial planning
  - Paying bills in a timely fashion
  - Filing tax returns
  - Paying insurance premiums
  - Exploring public benefit eligibility
  - Managing public benefits
  - Renewing public benefits
  - Establish and maintain a burial account
  - SEEKING PROFESSIONAL GUIDANCE IF NEEDED

### **(3) As a “Guardian of the Estate”, your responsibility is to locate and manage the income, real estate, and any other property owned by the Incapacitated Person**

- Income includes:
  - Monthly social security checks
  - Pension payments

### **(4) If you have been instructed to “Post Bond”, the bond may be purchased from any approved corporate surety**

- See p. 7 for example
- The cost of the bond may be paid from the assets of the Estate of the Incapacitated Person

### **(5) Locating and Reviewing Assets and Debts**

- As Guardian of the Estate, you are required to inquire into the existence and whereabouts of all assets and Debts of the Incapacitated Person
  - You may also need to obtain appraisal of real estate and any personal property owned by the Incapacitated Person to determine “Fair Market Value”

### **(6) Management of Assets**

- All assets of the “Incapacitated Person” identified must be protected from dissipation, loss, theft, or destruction.
- Management of the identified assets may include investment, so those assets increase in value and produce “income”.

- Follow the “Prudent Investor Rule”
  - The Prudent Investor Rule requires a fiduciary to invest assets as if they were his or her own.
  - The investor should consider the needs of the beneficiary and avoid investments that are risky.
- Assets include:
  - Cash
  - Insurance policies
  - Deeds
  - Appraisals
  - Titles
  - Wills
  - Real Estate
  - Personal Property
  - Bank Accounts
  - Securities
  - Safe Deposit Boxes

#### (7) **Payment of Debts, Obligations, Expenses**

- You are authorized to use income received by the Incapacitated Person to pay debts, obligations, and other expenses of the Incapacitated Person. Including: support, caretaking, medical expenses, and education.
- Creating a “budget” for the Incapacitated Person is essential to ensure that their needs are being met.
  - If you believe that “income” alone cannot cover the expenses of the Incapacitated Person, then you must Petition the Court to pay the necessary expenditures from “Principal”.

#### (8) **Inventory**

- Within **ninety (90) days** of your appointment as “Guardian of the Estate”, you must prepare and file a document known as a “Guardian’s Inventory for an Incapacitated Person (See Form G-05 at Form Glossary).
  - The inventory should include a list of all **ASSETS**.
  - The inventory should also include a list of all **DEBTS, LIABILITIES, and EXPENSES** of the Incapacitated Person.
- Additionally, you must complete a “Notice of Filing” (See Form G-07 at Form Glossary)
  - The “Notice of Filing” must be sent to all interested parties
    - All interested parties will be named at the bottom of the “Final Decree” appointing you as Guardian.
  - You may send the “Notice of Filing” may be sent by mail, fax, personal delivery, or email.
- Once you complete Forms G-05 and G-07, you must file them with the “Guardianship Tracking Service” on the United Judicial System of Pennsylvania Web Portal: <http://ujportal.pacourts.us>

**(9) Annual Report**

- In addition to the Inventory, a Guardian of the Estate is required to file an “Annual Report of the Guardian of the Estate”, each year on or before the date of your appointment as Guardian.
- See Form G-02 at Form Glossary
  - The “Annual Report” should include: the current “Principal”, how it is invested (if applicable), the income received, and any expenditures made during the year.
- This responsibility is very important and failure to file the required “Annual Report” will result in the following:
  - Notice to file the “Annual Report”
  - A “Decree” from the Judge ordering you to appear before the Court and explain why you failed to file.
  - Suspension as Guardian
  - Fines/Other Sanctions
  - Removal as the Guardian of the Estate

**(10) Final Report**

- A “Final Report” must be filed once one of the following occurs:
  - Death of the Incapacitated Person
  - A Decree from the Judge determining “capacity” has been regained
  - Upon receipt of a Decree from another state accepting transfer of the Guardianship.
- This “Final Report” must be filed within sixty (60) days of any of the above occurrences. (See Form G-02 “Annual Report of Guardian of the Estate” at Form Glossary)
- You must also prepare and send a “Notice of Filing” (See from G-07 at Form Glossary) and send to all interested parties named on the Decree appointing you as Guardian. The Notice of Filing may be sent by mail, fax, personal delivery, or email and ensures all interested parties are notified that you have filed a report.

**You may not:**

- Sell real estate without prior permission from the Court.
- Use any of the “principal”
  - Examples: bank accounts, CD’s, annuities, and other investments.



## **Responsibilities of the Emergency Guardian of the Person**

- An Emergency Guardian of the Person is appointed 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 or her family.
- The appointment of an “Emergency Guardian of the Person” is limited in duration.
  - Typically, 72 hours
- Should you feel the emergency is ongoing, you may request an extension of this “Emergency Guardianship” for up to an additional twenty (20) days by filing a Petition with the Court.
- **First Steps**
  - (1) Review the Decree appointing you as the “Emergency Guardian of the Person”.

### **Optional:**

- (2) If you believe the need for a Guardian is ongoing, you should file a subsequent Petition to extend the Emergency Guardianship of the Person (for up to a 20-day extension).
- (3) If the individual continues to need guardianship beyond twenty (20) days, file a “Petition for Appointment of Plenary Guardian of the Person”.





## **Responsibilities of the Emergency Guardian of the Estate**

- An Emergency Guardian of the Estate is appointed due to an immediate financial issue of the alleged incapacitated person and the inability to prevent the loss of the alleged incapacitated persons' assets.

### **➤ First Steps**

- (1) Review the Decree appointing you as the “Emergency Guardian of the Person”.

Optional: (if you believe the individual continues to need guardianship):

- (2) File a “Petition for Appointment of Plenary Guardian of the Estate”



## **Responsibilities of Successor Guardians**

- If you are appointed as a “Successor Guardian”, your duties are the same as if you are the initial Guardian.
- You must file a Guardian’s Inventory Form (See Form G-05 at Form Glossary) within ninety (90) days of our appointment.
- You must also file an annual Report of the Guardian of the Estate every year on the anniversary date of your appointment as guardian.
- You must also prepare and send a notice to all interested parties named on the Decree appointing you as Successor Guardian (See Form G-07 at Form Glossary).
  - The notice of filing may be sent by email, mail, fax, or personal delivery.

## **Responsibilities of Co-Guardians**

- If you and another individual are appointed as Co-Guardians of the Estate, you must work 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 annual Report (See Form G-02) jointly every year on the anniversary date of your appointment as co-guardians.
- You must also prepare a Notice of Filing Form (See Form G-07) and send to all interested parties named on the Decree appointing you as co-guardians.
  - The notice of filing may be sent by email, mail, fax, or personal delivery.



## **Annual Report**

- Required if you are Guardian of the Person, Guardian of the Estate, or Guardian of the Person and the Estate.
- Due each year on the anniversary on the date that is the 12-month anniversary of your appointment as Guardian.
- You can find a PDF version of the Annual report at the Philadelphia Orphans' court website at: <https://www.courts.phila.gov/common-pleas/orphans/>.
- You can also obtain a copy of the Annual Report Form from the Clerk of Orphans' Court at:  
415 City Hall  
Philadelphia, PA 19107  
Phone: 215-686-6250  
Fax: 215-686-6268

## Termination of Guardianship

- Termination of Guardianship may occur when:
  - Incapacitated Person regains capacity
  - Successor Guardian is named by Court
  - Incapacitated Person dies
- A Final Accounting **must** be filed with the Court within sixty (60) days from the date of termination



## Sources for Legal Services

Organization	Phone #	Website	Address
Center for Advocacy for the Rights and Interest of the Elderly (CARIE)	215-545-5728	<a href="http://www.carie.org">www.carie.org</a>	1650 Arch Street Suite 1825 Philadelphia, PA 19103
Community Legal Services (Chestnut Street)	215-981-3700	<a href="http://www.CLSPhila.org">www.CLSPhila.org</a>	1424 Chestnut Street Philadelphia, PA 19102
Community Legal Services (W. Erie Avenue)	215-227-2400	<a href="http://www.CLSPhila.org">www.CLSPhila.org</a>	1410 W. Erie Avenue Philadelphia, PA 19140
Elder Justice & Civil Resource Center	215-686-7027	<a href="http://www.courts.phila.gov/ejc/">http://www.courts.phila.gov/ejc/</a>	City Hall Room 278 Philadelphia, PA 19107
Homeless Advocacy Project (HAP)	215-523-9595	<a href="http://www.haplegal.org">www.haplegal.org</a>	1429 Walnut Street 15 <sup>th</sup> Floor Philadelphia, PA 19102
Legal Clinic for the Disabled (LCD)	215-587-3550	<a href="http://www.lcdphila.org">www.lcdphila.org</a>	1513 Race Street Philadelphia, PA 19102  **Intake line open Wednesday: 9:30 a.m. – 3:30 p.m.**
Philadelphia Bar Association Lawyer Referral and Information Service	215-238-6333	<a href="https://iris.philadelphiabar.org">https://iris.philadelphiabar.org</a>	1101 Market Street Philadelphia, PA 19107
Philadelphia Corporation for Aging	215-765-9000 215-765-9040	<a href="http://www.pcacares.com">www.pcacares.com</a>	642 N. Broad Street Philadelphia, PA Philadelphia, PA 19130

Philadelphia Legal Assistance (PLA)	215-981-3800	<a href="http://www.PhilaLegal.org">www.PhilaLegal.org</a>	718 Arch Street Suite 300N Philadelphia, PA 19106
Senior Law Center	215-988-1244	<a href="https://seniorlawcenter.org">https://seniorlawcenter.org</a>	1500 JFK Blvd Suite 1500 Philadelphia, PA 19102
Temple University Legal Aid Office	215-204-1800	<a href="https://sites.temple.edu/tlao/">https://sites.temple.edu/tlao/</a>	1719 N. Broad Street Philadelphia, PA 19122
Temple University Elderly Law Project	215-204-6887	<a href="https://law.temple.edu/home/the-elderly-law-project-clinic/">https://law.temple.edu/home/the-elderly-law-project-clinic/</a>	
University of Pennsylvania Gittis Center for Clinical Legal Studies	215-898-8427		



## **Frequently Used Terms and Definitions**

- **Abuse**
  - The infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.
  - The willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.
- **Adjudication of Incapacity**
  - The legal proceeding by which a court determines that an individual is incapacitated.
- **Alleged Incapacitated Person**
  - A person who is claimed to be an “incapacitated person” in a “Petition for Adjudication of Incapacity”.
    - (See definitions of “Incapacitated Person” and “Petition for Adjudication of Incapacity” below).
- **Annual Expenses**
  - Any payments made for the care and maintenance of the incapacitated person.
  - The amount you enter for each type of expense should reflect the total spent during the entire report period (**not** an average monthly amount).
  - Expenses may include: living expenses, home expenses, car expenses, food, clothing, utility, etc.
- **Assets**
  - Property owned by the person under guardianship
  - House, car, bank accounts, and investments
- **Assisted Living Facility**
  - A housing facility for a person with a disability and/or in need of assistance with daily tasks and provides some skilled health care services.
- **Attorneys’ Fees**
  - Payment for legal services
- **Best Interest**
  - Must be viewed in the context of what is least intrusive and least restrictive option
  - Presents the best opportunity/option for the incapacitated person
- **Bond**
  - A type of “fiduciary bond”, sometimes referred to as a “surety bond” required by a court to be filed by a guardian to insure proper performance of his or her duties.
- **Clerk of the Orphans’ Court**
  - Accepts report filings by guardians and is responsible for monitoring guardian compliance in the timely filing of reports
  - The current Clerk of Orphans’ Court in Philadelphia is  
**Tracey Gordon**  
415 City Hall  
Philadelphia, PA 19107  
Phone: 215-686-6250



Fax: 215-686-6268

- **Emergency Guardian**
  - An emergency order temporarily appointing a guardian due to the immediate risk of the alleged incapacitated person.
- **Fiduciary**
  - A person or organization that acts on behalf of another person, putting that person's interests ahead of their own, with a duty to preserve good faith and trust.
- **Fiduciary Duty**
  - A duty to act for someone else's benefit while putting the other person's interests first
- **Final Decree**
  - An order of the Court that represents the final decision on the question of whether a person is incapacitated
  - A Final Decree may indicate that a person is incapacitated and in need of a guardian
- **Final Report**
  - The last "Report of Guardian of the Estate" or "Report of Guardian of the Person" that a guardian files after one of the following events occurs:
    - Death of incapacitated person;
    - A court order ending the guardianship; and/or
    - The guardian's appointment, transfer of guardianship, expiration of a limited duration order, or adjudication of capacity.
- **Financial Exploitation**
  - The illegal or improper use of funds, property, or assets of a person under guardianship
- **Gift**
  - Any gift or donation given using the funds of a person under guardianship.
  - **All gifts and donations, regardless of monetary value, must be approved by the Court!**
- **Guardian**
  - A fiduciary responsible for the care and management of an incapacitated person's estate, person, or both.
- **Guardianship**
  - The legal arrangement under which a guardian has the legal right and duty to care for an incapacitated person and/or their property
- **Guardianship Tracking Service (GTS)**
  - Statewide application to track annual report compliance on all guardianships for incapacitated adults in Pennsylvania
    - Can be accessed at: <https://ujportal.pacourts.us/Guardianship.aspx>
    - GTS Help Desk can be reached via email at: [GTSAOPC@PACOURTS.US](mailto:GTSAOPC@PACOURTS.US)
- **Income**
  - Money received from work or through investments

- Any income received during the report period should include all earned income (from paid employment) and unearned income (unrelated to employment, includes interest income, alimony, and dividends).
- All income amounts are entered as annual amounts on the Inventory and Annual Report of the Guardian of the Estate
- **Interested party**
  - An entity who has a recognizable stake in the outcome of a matter before the Court but may not be directly involved in the litigation process.
- **Initial Estate Value**
  - The total assets of an estate reported on the Inventory
- **Inventory**
  - Only the Guardian of the Estate needs to file an inventory with the values as of the date of the Guardian's appointment
  - The inventory should contain (so far as the guardian has been able to discover using reasonable efforts) a list including:
    - Real estate
    - Personal property
    - Bank accounts
    - Securities and
    - Any other assets
    - Debts
    - Liabilities
    - Expenses
- **Invasion of Principal**
  - Any use of principal of the person under guardianship above what is covered with the person under guardianship's monthly income.
  - **All invasion of principal must be approved by the Court.**
- **Limited Guardianship**
  - Guardian possesses limited powers and rights as designated by the Court in the Final Decree
  - The guardian only has the powers consistent with the court's findings of the person's limitations (SEE "Final Decree" from the Court)
- **Neglect**
  - The failure to provide for oneself or the failure of a caretaker to provide the goods and services essential to avoid a clear and serious threat to physical or mental health.
- **Petition for Adjudication of Incapacity**
  - the petition filed to have an alleged incapacitated person declared incapacitated
- **Petitioner**
  - The person or agency filing a petition requesting a guardian be appointed for an individual
- **Plenary Guardianship**
  - A guardianship for a person the court finds to be totally incapacitated and in need of complete guardianship services
- **Principal**



- The balance of funds or assets of the incapacitated person as of the date on which the guardian was appointed or that are later acquired, that are not monthly income.
- **Report of Guardian of the Estate**
  - A report filed annually by the Guardian of the Estate, which identifies all financial transactions that occurred for the incapacitated person during the previous year
  - A list of all assets and current values are also included
- **Report of Guardian of the Person**
  - A report filed annually by the Guardian of the Person which describes the incapacitated person's physical condition, living situation, and any changes that have occurred since the last report
- **Representative Payee**
  - The person or organization selected by a federal or state agency to receive benefits on behalf of a beneficiary
- **Substituted Judgment**
  - Principle of decision making which reflects the incapacitated person's wishes expressed prior to the appointment of a guardian.
  - What a reasonable person would do after considering all options and alternatives with their potential risks, side effects, and dangers.
- **Successor Guardian**
  - An individual appointed by the Court to replace a guardian that is no longer willing or able to serve as guardian
- **Transfer of Asset**
  - When the ownership of an asset (car, real estate, or other personal belongings) of a person under guardianship is transferred or given to another person.
  - Transferring certain assets, such as real estate, must have prior court approval
- **Transfer of Case**
  - If the person under guardianship moves to a new jurisdiction, the court where the guardianship was originally filed must be notified in a timely fashion.
  - The originating court will determine if the case needs to be transferred to the new jurisdiction
- **Unspent Income**
  - Any income of the person under guardianship that remains after all expense during a reporting period are unpaid.

## **Form Index**

Form
<a href="#"><u>Consent of Guardian</u></a>
<a href="#"><u>Guardian Address Confirmation Form</u></a>
<a href="#"><u>Account Filing Checklist</u></a>
<a href="#"><u>Guardian's Inventory for Incapacitated Person</u></a>
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<a href="#"><u>Report of Guardian of Estate</u></a>

**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 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

## Guardian Address Confirmation Form

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

Estate of \_\_\_\_\_

O.C. # \_\_\_\_\_ Control # \_\_\_\_\_

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): \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

E-Mail: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Last 4 of Social Security # XXX-XX- \_\_\_\_\_

Emergency Contact for Guardian – **In the event the guardian cannot be reached.**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

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 to notify the court of any arrest or conviction for a crime** and I agree to do so immediately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ACCOUNT FILING CHECKLIST • GUARDIAN OF INCAPACITATED PERSON**

ESTATE OF _____, INCAP.	PREPARER ATTORNEY/ACCOUNTANT	TELEPHONE NUMBER
O. C. NUMBER _____ OF _____	ADDRESS & EMAIL ADDRESS	

**INSTRUCTIONS:** Persons wishing to file an account must first complete this form, indicating in "preparer" column (**YES** or **N/A**) whether the items listed are included in the audit papers and/or the account. Items that are required in all cases are printed in **BOLD**. Upon review by the staff of the Clerk's Office, the account and related audit papers may be accepted for filing if complete or rejected if incomplete.

PREPARER	ITEM	O. C. CLERK
	1) <b>Account Cover Page and Summary Page</b> [Pa. O.C. Rule 2.1(b)(4)(i)-(ii)]	
	2) <b>Account Signed by All Accountants and Verified by at Least One Accountant</b> [Pa. O.C. Rule 2.1(b)(4)(iv)]	
	3) <b>Petition for Adjudication/Statement of Proposed Distribution Signed by Counsel</b> [Pa. O.C. Rule 2.4(e)]	
	4) <b>Petition for Adjudication/Statement of Proposed Distribution Signed by at Least One Accountant</b> [Pa. O.C. Rule 2.4(d)]	
	5) <b>Petition for Adjudication/Statement of Proposed Distribution Verified by at Least One Accountant</b> [Pa. O.C. Rule 2.4(d)]	
	6) Copy of Decree or Instrument Appointing Guardian [Phila. O.C. Rule 2.4B(6)(a)]	
	7) If Deceased, Statement of Appointment of Personal Representative [Phila. O.C. Rule 2.4B(6)(b)]	
	8) <b>Statement of Method of Notice and Copy of Notice</b> [Pa. O.C. Rule 2.5]	
	9) Agreement of Compromise and Settlement [Phila. O.C. Rule 2.4B(1)(c)]	
	10) Agreement Regarding Accountant's Compensation [Phila. O.C. Rule 2.4B(1)(d)]	
	11) Certificate of Appointment of Foreign Fiduciary [Phila. O.C. Rule 2.4B(8)(a)]	
	12) Affidavit by Foreign Fiduciary [Phila. O.C. Rule 2.4B(8)(b)]	
	13) Income Accounting Waivers [Phila. O.C. Rule 2.4B(1)(e)]	

☐ **ACCEPTED**  
☐ **REJECTED**

REVIEWED BY

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)**

1. 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)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>TOTAL</b>	\$	

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?

☐ Yes, in sole name

☐ Yes, in joint name(s). List name(s) of joint owner(s): \_\_\_\_\_

☐ No

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
<b>Alimony or Support</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Annuity Payments</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Dividends</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Interest Income</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>IRA Distributions</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Long Term Care Insurance Benefits</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Pension/Retirement Benefits (for example: 401(k), 403(b), etc.)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Public Assistance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Rental Property Income</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Royalties (including from mineral and intellectual rights)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Social Security Benefits (Retirement, Disability, SSI)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Tax Refund</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Trust Income</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Veterans Benefits (Compensation/pension/aid and attendance)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Wages</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Worker's Compensation Benefits</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Other</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<b>TOTAL</b>	\$



## PART IV: LIABILITIES / DEBTS

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

[illegible]

## PART V: GUARDIAN COVERAGE

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

☐ Yes (Please attach a copy of the bond.)☐ No

2. Are you a professional guardian, a conservator, or an attorney serving as a guardian?

☐ Yes☐ No

yes, do you have professional liability coverage?

Yes (Please attach a copy of the insurance policy)

☐ No

If no main:

## 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is the current address of the Incapacitated Person?

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## PART VII: FINANCIAL PLAN

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

a. Total Annual Income (Part III, Question 1)	\$	d. Total assets (principal) (Part II, Question 1)	\$
b. Annual estimated expenses	\$		
c. Net Income (a minus b)	\$		

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 Name	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 made to 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 capable, 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:

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---

Has a burial account been established for the Incapacitated Person?

☐ Yes

☐ No

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

\$ 

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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*

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:

- |   |   |
|---|---|
| <input type="checkbox"/> Inventory                              | <input type="checkbox"/> Amended Inventory                      |
| <input type="checkbox"/> Annual Report - Guardian of the Person | <input type="checkbox"/> Annual Report - Guardian of the Estate |
| <input type="checkbox"/> 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 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 \_\_\_\_\_ (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 discharged by a court order dated: \_\_\_\_\_

☐ Order for Admission of Capacity dated: \_\_\_\_\_

☐ Limited Duration Order Expired, 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. 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: \_\_\_\_\_

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**:

**Medical Doctor**

**Dentist**

**Eye Doctor**

**Ear Doctor**

**Psychologist or Psychiatrist**

**Physical Therapist**

**Occupational Therapist**

**Social Worker**

**Geriatric Caseworker**

**Other**

Name

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

☐ Discharged

2. Provide the reasons for your opinion. List specific recommendations/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

☐ Non

☐ 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*


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

☐ Yes - Complete the table below      ☐ No

Amount	Guardian Name	Is Amount Based on Hourly, Monthly or Annual Fee	If Hourly, # of Hours

9. Was the compensation approved by the court?

☐ Yes - Date of Court Order: \_\_\_\_\_

☐ No - Explain why court approval was not obtained:


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 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 (if applicable)*

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

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Home Phone Number*

\_\_\_\_\_  
*Office Phone Number*

\_\_\_\_\_  
*Cell Phone Number*

\_\_\_\_\_  
*Email*

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 Admission of Capacity dated: \_\_\_\_\_

☐ Limited Duration Order Expired, 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
<b>Alimony or Support</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Annuity Payments</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Dividends</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Interest Income</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>IRA Distributions</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Long Term Care Insurance Benefits</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Pension/Retirement Benefits (for example: 401(k), 403(b), etc)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Public Assistance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Rental Property Income</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Royalties (including from mineral and land interests)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Social Security Benefits (Supplemental Security Income, Disability, SSI)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Tax Refund</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Trust Income</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Veterans Benefits (disability/pension/aid and attendance)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Wages</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Worker's Compensation Benefits</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Other</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<b>TOTAL</b>	\$

**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 Tax		\$
Rent		\$
Utilities		\$
Other		\$
	<b>TOTAL</b>	\$

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.) 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
	\$
	\$
	\$
	\$
<b>TOTAL</b>	\$

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 <b>Report Period</b>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL</b>		\$

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:

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

☐ Yes - Attach a copy      ☐ No

## PART VII. ATTORNEY'S FEES

1. Were attorney 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. 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 Administration (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 \$ \_\_\_\_\_ then answer Questions 2 - 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
- ☐ 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.

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#### 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

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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*

<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 <i>prior</i> Report. (Use TOTAL amount from Part V, Question 3 of <i>prior</i> Report.)	\$
3. What was the total income received during the <b>Report Period</b> ? (Use the amount from Part IV, Question 3 of <i>this</i> Report.)	\$
4. What is the total amount of Expenses paid during the <b>Report Period</b> ? (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 <b>Report Period</b> ? (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 <b>Report Period</b> ? (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.

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*

## **Sample Decree Index**

Form
Final Decree for Plenary Guardian of Person
Final Decree for Plenary Guardian of Estate and Person
Decree for Emergency Guardian of Person
Decree for Emergency Guardian of Person and Estate

**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.

### 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.

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J.

SAMPLE

**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.

### 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"