

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



**MANUAL FOR GUARDIANS OF  
INCAPACITATED PERSONS**

**Orphans' Court Division**

**Administrative Judge Matthew D. Carrafiello**  
**Senior Judge John W. Herron**  
**Judge George W. Overton**  
**Judge Sheila Woods-Skipper**

**Revised June 2019**

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## **FORWARD**

Those who need to use this manual have undertaken a task which, except for the desire to seek to serve the best interest of someone not able to fully do the same for themselves, have no reward but instead great responsibility. In becoming a guardian, you have assumed the highest degree of care that the law exacts.

Hopefully, this manual will provide information on the most common situations you shall encounter, but it does not replace the need for legal advice on complex questions. Contained herein are some possible resources for seeking that advice, but it is your responsibility to get the advice you need to comply with your duties.

We acknowledge the accomplishment of the Honorable Joseph D. O’Keefe, retired Administrative Judge of the Orphans’ Court Division, in creating the first Guardian’s Manual in 2009. Since that time, the number of guardianships in Philadelphia has grown exponentially, guardianship rules and forms have changed, and a statewide guardianship tracking system has been instituted. This has made a new manual necessary.

Thanks must be given to Philadelphia Orphans’ Court Judges, the Honorable John W. Herron, the Honorable George W. Overton, and the Honorable Sheila Woods-Skipper, and their staff, for their commitment to sound and just guardianship practice.

Thanks is given to those of my chambers, including Patricia Friel, Maryanne Huha Finigan, Jordan Shapiro, and Sarah Gremminger, who worked tirelessly on this project, not only re-creating the manual, but on so much of the new substance and content. In particular, special thanks to Maryanne Huha Finigan, who with Harold Palmer, were instrumental in the implementation of the Guardian Tracking System in Philadelphia County, and who, with members of the Rules and Practice Committee of the Probate and Trust Section of the Philadelphia Bar Association, have revised the Guardianship Rules for Philadelphia.

And thanks to those guardians who undertake a near impossible, thankless task for all the right reasons!

Honorable Matthew D. Carrafiello  
Administrative Judge, Orphans’ Court Division  
First Judicial District of Pennsylvania  
June 2019

# **MANUAL FOR GUARDIANS OF INCAPACITATED PERSONS INTRODUCTION**

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

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

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

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

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

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

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

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

# **IMPLEMENTATION OF NEW RULES AND OBLIGATIONS**

## **1. Guardianship Statute and Rules**

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

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

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

## **2. Enactment of the Guardianship Tracking System (GTS)**

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

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

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

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

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

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

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

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

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

### **3. Introduction to Consent of Guardian and Address Confirmation Form**

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

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

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

# **DUTIES OF A GUARDIAN OF THE ESTATE**

## **OF AN INCAPACITATED PERSON**

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

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

### **1. REVIEW FINAL DECREE APPOINTING YOU GUARDIAN OF THE ESTATE**

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

### **2. POSTING OF SECURITY (BOND)**

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

### **3. INQUIRY AND DISCOVERY OF ASSETS AND DEBTS**

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

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

#### **4. SAFEGUARDING AND MANAGEMENT OF ASSETS**

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

#### **5. PAYMENT OF DEBTS, OBLIGATIONS AND EXPENSES**

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

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

#### **6. INVENTORY**

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

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

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

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



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

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

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

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

## **7. ANNUAL REPORT**

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

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

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

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

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

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

## **8. FINAL REPORT**

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

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

## **9. FIDUCIARY DUTY GENERALLY**

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

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

## **10. SUCCESSOR GUARDIAN**

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

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

## **11. CO-GUARDIANS**

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

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

### **THE INFORMATION ABOVE IS A PARTIAL LIST ONLY**

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

# **DUTIES OF A GUARDIAN OF THE PERSON**

## **OF AN INCAPACITATED PERSON**

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

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

### **1. REVIEW FINAL DECREE APPOINTING YOU GUARDIAN OF THE PERSON**

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

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

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

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

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

### **3. SUPPORTIVE SERVICES PLAN**

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

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

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

### **5. ANNUAL REPORT**

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

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

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

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

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

## **6. FINAL REPORT**

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

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

## **7. POWERS WHICH MAY ONLY BE GRANTED BY THE COURT**

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

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

## **8. FIDUCIARY DUTY GENERALLY**

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

## **9. SUCCESSOR GUARDIAN**

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

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

## **10. CO-GUARDIAN**

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

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

### **THE INFORMATION ABOVE IS A PARTIAL LIST ONLY**

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

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

### **REVIEW FINAL DECREE APPOINTING YOU**

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

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

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

### **REVIEW FINAL DECREE APPOINTING YOU**

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

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



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

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

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

**CONSENT OF GUARDIAN**

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

I understand that as Guardian:

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

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

\_\_\_\_\_  
Name of Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

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

**GUARDIAN ADDRESS CONFIRMATION FORM**

I am the (check one):

☐ Guardian/Co-Guardian of Person and Estate

☐ Guardian/Co-Guardian of the Estate

☐ Guardian/Co-Guardian of Person

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

Name (Please Print): \_\_\_\_\_

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

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

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

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

Preferred contact method: (Phone, Mail or Email) \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

COURT OF COMMON PLEAS  
COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION

## GUARDIAN'S INVENTORY FOR AN INCAPACITATED PERSON

Estate of: \_\_\_\_\_, an Incapacitated Person  
*Name of Incapacitated Person*

Case File No: \_\_\_\_\_

DATE COURT APPOINTED YOU AS GUARDIAN: \_\_\_\_\_

## PART I: INTRODUCTION

Inventory type:

- ☐ Initial
- ☐ Amended

## PART II: ASSETS (PRINCIPAL)

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?

☐ No

☐ Yes, in sole name

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

If yes:

a. Location of safe deposit box: \_\_\_\_\_

b. Are there plans to inventory the contents?

☐ Yes

☐ No

**PART III: ANNUAL INCOME**

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

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

#### PART IV: LIABILITIES/DEBTS

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

Liabilities/Debts	Lender	Value
	<b>TOTAL DEBTS:</b>	

#### PART V: GUARDIAN COVERAGE

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

☐ Yes (Please attach a copy of the bond)

☐ No

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

☐ Yes

☐ No

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

☐ Yes (Please attach a copy of the insurance policy)

☐ No

If **no**, explain: \_\_\_\_\_

**PART VI: PERSONAL CARE PLAN**

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

☒ Yes

☐ No

☐ N/A - The Incapacitated Person is already in a supervised residential setting.

If yes:

- a. List the name of the responsible family member:

\_\_\_\_\_

- b. What services does the Incapacitated Person require?

☐ Services from local Area Agency on Aging

☐ Private Companion/Assistance Service

Number of days per week: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

Assistance from family members

Will compensation be provided?

Yes

No

If yes, indicate compensation amount: \_\_\_\_\_

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

☐ Yes

☐ No

☐ N/A - The Incapacitated Person is already in a supervised residential setting.

If yes:

- a. Indicate the type of supervised residential setting:

Domiciliary Care

☐ Personal Care

☐ Boarding Home / Group Home

☐ Assisted Living Facility

☐ Nursing Home

☐ Other: \_\_\_\_\_

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

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

## PART VII: FINANCIAL PLAN

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

- |    |   |       |    |   |       |
|----|---|-------|----|---|-------|
| a. | Total Annual Income<br>(Part III, Question 1) | _____ | d. | Total assets (principal)<br>(Part II, Question 1) | _____ |
| b. | Annual<br>estimated expenses                  | _____ |    |   |       |
| c. | Net Income<br>(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 Type	Date of Submission
Social Security Disability Insurance (SSDI)	
Supplemental Security Income (SSI)	
Social Security Retirement Benefits	
Veterans Benefits	
Medical assistance, long term care	
Medical assistance, Home Waiver	
Other (Explain: _____)	

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.



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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

☐ Yes

☐ No

#### **PART VIII: MEDICAL INFORMATION**

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

\_\_\_\_\_

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

☐ Yes

☐ No

If **yes**, please explain:

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

Has a burial account been established for the Incapacitated Person?

☐ Yes

☐ No

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

\_\_\_\_\_

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

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

---

*Date*

---

*Signature of Guardian of the Estate*

---

*Name of Guardian of the Estate (type or print)*

---

*Address*

---

*City, State, Zip*

---

*Home Phone Number*

---

*Office Phone Number*

---

*Cell Phone Number*

---

*Email*

---

*Date*

---

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

---

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

---

*Address*

---

*City, State, Zip*

---

*Home Phone Number*

---

*Office Phone Number*

---

*Cell Phone Number*

---

*Email*

COURT OF COMMON PLEAS OF

COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

NOTICE OF FILING

ESTATE/GUARDIANSHIP OF \_\_\_\_\_,  
AN INCAPACITATED PERSON

\_\_\_\_\_, GUARDIAN

No. \_\_\_\_\_

I certify that on \_\_\_\_\_ I filed the following documents:

Inventory

Amended Inventory

Annual Report - Guardian of the Person

Annual Report - Guardian of the Estate

Final Report

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

1. \_\_\_\_\_

By mail

By fax

By personal delivery

By e-mail if requested

2. \_\_\_\_\_

By mail

By fax

By personal delivery

By email if requested

3. \_\_\_\_\_

By mail

By fax

By personal delivery

By email if requested

4. \_\_\_\_\_

By mail

By fax

By personal delivery

By email if requested

Submitted by:

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name (print or type)*

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

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

\_\_\_\_\_  
*Telephone*

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

**Instructions for Document Access**

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

COURT OF COMMON PLEAS  
\_\_\_\_ COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION

**REPORT OF GUARDIAN OF THE ESTATE**

Estate of: \_\_\_\_\_, an Incapacitated Person  
*Name of Incapacitated Person*

Case File No: \_\_\_\_\_

DATE COURT APPOINTED YOU AS GUARDIAN: \_\_\_\_\_  
\_\_\_\_\_

**PART I. INTRODUCTION**

1. Name(s) of Guardian(s): \_\_\_\_\_
2. Is this a limited Guardianship?  
☐ Yes  
☐ No
3. Report Period  
☐ This is the **Report** for the period from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ (the "**Report Period**"); or  
☐ This is the **Final Report** for the period from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ (the "**Report Period**") and is filed for the following reason:  
☐ The death of the Incapacitated Person.  
Date of Death: \_\_\_\_\_  
Name of Executor/Administrator: \_\_\_\_\_  
☐ The Guardianship was terminated by a court order dated: \_\_\_\_\_  
☐ Transfer of Guardianship to: \_\_\_\_\_  
Date of court order approving transfer: \_\_\_\_\_

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

Did the Incapacitated Person receive any of the following?		Amount During Report Period
<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 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 (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
<b>Auto Insurance</b>		
<b>Cable/Satellite/Internet</b>		
<b>Child/Spousal Support/Alimony</b>		
<b>Clothing</b>		
<b>Condo/Co-op Assessments</b>		
<b>Debt (incurred prior to your appointment)</b>		
<b>Entertainment</b>		
<b>Fees/Costs Paid to Guardian</b>		
<b>Food</b>		
<b>Gifts - Personal or Charitable</b>		
<b>Home Health Care/Personal Aide</b>		
<b>Homeowners Insurance</b>		
<b>Home/Property Maintenance &amp; Repair</b>		
<b>Income Taxes</b>		
<b>Life Insurance Premiums</b>		
<b>Medical Insurance Premiums</b>		
<b>Medical Expenses</b>		
<b>Medicine</b>		
<b>Mortgage</b>		
<b>Nursing Home/Assisted Living/Institutionalized Care</b>		
<b>Personal Expenses (including allowance)</b>		
<b>Phone/Cell Phone</b>		
<b>Real Estate Taxes</b>		
<b>Rent</b>		
<b>Utilities</b>		
<b>Other</b>		
	<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.)

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?

☐ Yes - Answer Questions a - e      ☐ No

a. Address of property: \_\_\_\_\_

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

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

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

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

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

☐ No - Explain why court approval was not obtained:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

## PART VI. GUARDIAN'S COMPENSATION

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

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

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

2. Was the compensation approved by the court?

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

☐ No - Explain why court approval was not obtained:

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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's fees paid during the **Report Period**?

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

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

## PART VIII. REPRESENTATIVE PAYEE

1a. Social Security Administration (SSA) Benefits

☐ The Incapacitated Person does not receive SSA benefits.

☐ The Guardian acts as the representative payee - attach a copy of the report provided to the SSA during this **Report Period**.

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

1b. Veterans Administration (VA) Benefits

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

**PART IX. SURETY INFORMATION**

1. Was a surety bond required?

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

a. Is the surety bond still in effect?

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

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

Yes

No

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

- ☐ Yes. To what amount: \_\_\_\_\_
- ☐ No

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

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

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

Yes

No

b. Describe the deductible and any exclusions.

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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*

\_\_\_\_\_

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?

- ☐ Yes - Please describe ☐ No

*Guardian Name*

*Description*

\_\_\_\_\_

## PART XI. SUMMARY

1. If this is the first annual report, state the value of the assets reported on the Inventory. (Use amount from Part V, Question 1 of <i>this</i> Report.) (principal)	
2. If this is not the first annual report, state the Total Assets (principal) from the prior Report. (Use TOTAL amount from Part V, Question 3 of <i>prior</i> Report.)	
3. What was the total income received during the <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.

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Guardian of the Estate*

\_\_\_\_\_  
*Name of Guardian of the Estate (type or print)*

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

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

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

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

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

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Co-Guardian of the Estate*

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

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

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

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

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

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

COURT OF COMMON PLEAS  
\_\_\_\_ COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION

**REPORT OF GUARDIAN OF THE PERSON**

Estate of: \_\_\_\_\_, an Incapacitated Person  
*Name of Incapacitated Person*

Case File No: \_\_\_\_\_

DATE COURT APPOINTED YOU AS GUARDIAN: \_\_\_\_\_  
\_\_\_\_\_

**PART I. INTRODUCTION**

1. Name(s) of Guardian(s): \_\_\_\_\_

2. Is this a limited Guardianship?    Yes        No

3. Report Period

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

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

The death of the Incapacitated Person.

Date of Death: \_\_\_\_\_

Name of Executor/Administrator: \_\_\_\_\_

☐ The Guardianship was terminated by a court order dated: \_\_\_\_\_

Transfer of Guardianship to: \_\_\_\_\_

Date of court order approving transfer: \_\_\_\_\_

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

**PART II. PERSONAL INFORMATION ABOUT THE INCAPACITATED PERSON**

1. Incapacitated Person's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Incapacitated Person's Current Residence:

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3. Residence of the Incapacitated Person

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

☐ Your home

☐ Relative's home

Relative's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

☐ Domiciliary Care

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

Personal Care Boarding Home

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

Is this a Memory Support Facility? ☐ Yes ☐ No

☐ Assisted Living Facility

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

Is this a Memory Support Facility? ☐ Yes ☐ No

☐ Nursing Home Facility

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

Is this a Memory Support Facility? Yes No

Other: \_\_\_\_\_

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

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

☐ Yes

☐ No

If **yes**, date of move: \_\_\_\_\_

If **yes**, please provide:

Reason for move: \_\_\_\_\_

Previous residence/address: \_\_\_\_\_

**PART III. MEDICAL INFORMATION**

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

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

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

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

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

Yes

No

If yes, date(s) of hospitalization: \_\_\_\_\_

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

☐ Yes

☐ No

If yes, date(s) of evaluation: \_\_\_\_\_



#### PART IV. GUARDIAN'S OPINION

1. Should the guardianship be:
  - ☐ Continued
  - ☐ Continued with modifications
  - ☐ Terminated
2. Provide the reasons for your opinion. List specific recommended modifications.

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3. Have you filed a petition for modification or termination?
  - ☐ Yes
  - ☐ No

#### PART V. INFORMATION ABOUT THE GUARDIAN

1. On average, how often did you visit the Incapacitated Person during the **Report Period**?
  - ☐ I live with the Incapacitated Person
  - ☐ None
  - ☐ Quarterly
  - ☐ Monthly
  - ☐ Weekly
  - ☐ Daily
2. What is the average length of a visit?
  - ☐ Less than 15 minutes
  - ☐ Between 15 minutes and 1 hour
  - ☐ Between 1 and 2 hours
  - ☐ More than 2 hours
  - ☐ Not applicable
3. Have you maintained a log of your activities as guardian?
  - ☐ Yes - Attach a copy
  - ☐ No

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

Yes

No

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

Guardian Name	Dates of Training		Provider	Training Description
	Starting	Ending		

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

☐ Yes - Please describe      ☐ No

*Guardian Name*

*Description*

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

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

☐ Yes - Please describe      ☐ No

*Guardian Name*

*Description*

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

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

☐ Yes - Please describe      ☐ No

*Guardian Name*

*Description*

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

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

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Guardian of the Person*

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

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

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

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

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

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

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Co-Guardian of the Person*

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

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

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

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

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

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

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

# **Sample Final Decree: Guardian of the Person**

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

Estate of Ivan Smith,  
An Alleged Incapacitated Person  
O.C. No. XXX AI of 2019  
Control No. XXXX

### **FINAL DECREE**

AND NOW, this \_\_\_\_ day of \_\_\_\_\_ 2019, upon consideration of the Petition for Adjudication of Incapacity and Appointment of a Guardian and after a hearing held following due service of a copy of the Petition and Citation Notice upon Ivan Smith, this Court finds by clear and convincing evidence that:

1. Ivan Smith is 77 years old and is a domiciliary of the City and County of Philadelphia.
2. Ivan Smith suffers from vascular dementia with psychosis, schizophrenia, chronic obstructive pulmonary disease, and hypertension which totally impairs his capacity to receive or evaluate information effectively and to make and communicate decisions to meet the essential requirements for his physical health and safety.

Accordingly, it is hereby ORDERED and DECREED that Ivan Smith is adjudged a totally/partially incapacitated person and that \_\_\_\_\_ is appointed plenary/limited Guardian of the Person of Ivan Smith, an incapacitated person.

The health care agent or the agent appointed under a durable power of attorney previously executed by the incapacitated person shall be accountable to the Guardian of the Person of the incapacitated person as well as to the Principal (Ivan Smith). This agent's authority shall remain in effect to the extent approved by the Guardian of the Person. **OR** Any previously executed powers of attorney or health care powers of attorney and the authority to act under these documents is null and void.

The Guardian of the Person shall file an Annual Report one year after appointment and annually thereafter in accordance with the provisions of 20 Pa.C.S. § 5521(c)(1)(ii). Pa. O.C. Rule 14.8(a)(3). A Final Report shall be filed by the Guardian of the Person within sixty (60) days of the death of the incapacitated person, an adjudication of capacity, a change of guardian or the expiration of an order of limited duration pursuant to 20 Pa.C.S. § 5521(c)(2). A Final Report shall also be filed upon receipt of the provisional order from another state's court accepting transfer of a guardianship. Pa. O.C. Rule 14.8(a)(4) & (5). The Guardian shall serve a notice of the filing of any of these reports on all those persons, *sui juris*, who would be entitled to share in the estate of the incapacitated person if he/she died intestate, and the person or institution providing residential care services to the

incapacitated person as well as to \_\_\_\_\_ within ten (10) days after filing a report using the attached form. Pa. O.C. Rule 14.8(b).

The 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.

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

Ivan Smith was/was not present at the hearing and was/was not represented by counsel. The court finds clear and convincing medical evidence that the physical and mental health of Ivan Smith would have been harmed by requiring his/her presence at the hearing. Accordingly, counsel for the petitioner shall cause to be served upon and read to Ivan Smith a copy of this Decree and the following Statement of Rights:

**You, Ivan Smith, are hereby notified of your right to seek reconsideration of this Decree pursuant to Rule 8.2 and the right to appeal this Decree within 30 days from the date of this Decree by filing a Notice of Appeal with the Clerk of the Orphans' Court. You may also petition the court at any time to review, modify, or terminate the guardianship due to a change in circumstances. You have a right to be represented by an attorney to file a motion for reconsideration, an appeal, or to seek modification or termination of this guardianship. If the assistance of counsel is needed and You cannot afford an attorney, an attorney will be appointed to represent you free of charge. Pa. O.C. Rule 14.7(a)(2).**

BY THE COURT:

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J.

Counsel

Guardian(s)

# **Sample Final Decree: Guardian of the Estate**

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

Estate of Ivan Smith,  
An Alleged Incapacitated Person  
O.C. No. XXX AI of 2019  
Control No. XXXX

### **FINAL DECREE**

AND Now, this \_\_\_\_ day of \_\_\_\_\_, 2019, upon consideration of the Petition for Adjudication of Incapacity and Appointment of a Guardian and after a hearing held following due service of a copy of the Petition and Citation Notice upon Ivan Smith, this Court finds by clear and convincing evidence that:

1. Ivan Smith is 77 years old and is a domiciliary of the City and County of Philadelphia.
2. Ivan Smith suffers from vascular dementia with psychosis, schizophrenia, chronic obstructive pulmonary disease, and hypertension which totally impairs his capacity to receive or evaluate information effectively and to make and communicate decisions concerning management of his financial affairs.

Accordingly, it is hereby ORDERED and DECREED that Ivan Smith is adjudged a totally/partially incapacitated person and that \_\_\_\_\_ is appointed plenary/limited Guardian of the Estate of Ivan Smith, an incapacitated person.

The Guardian of the Estate shall enter security with a corporate surety in the amount of \$\_\_\_\_\_ within \_\_\_\_\_ days of this Decree.

The Guardian of the Estate is **NOT** permitted to expend the principal of the incapacitated person's estate without ADVANCE permission of the court in accordance with the provisions of 20 Pa.C.S. § 5536, however, income may be expended by the Guardian for the care of the incapacitated person without court approval.

All financial institutions, including without limitation, banks, savings and loans, credit unions, and brokerages, shall grant to the Guardian of the Estate access to any and all assets, records, and accounts maintained for the benefit of the incapacitated person, and the Guardian of the Estate shall be entitled to transfer, retitle, withdraw, or otherwise exercise dominion and control over any and all of these assets, records and accounts. The failure of any financial institution to honor this order may lead to contempt proceedings and the imposition of sanctions. Pa. O.C. Rule 14.7(b)(2).

The health care agent or the agent appointed under a durable power of attorney previously executed by the incapacitated person shall be accountable to the Guardian of the

Estate of the incapacitated person as well as to the Principal (Ivan Smith). This agent's authority shall remain in effect to the extent approved by the Guardian of the Estate. **OR** Any previously executed powers of attorney or health care powers of attorney and the authority to act under these documents is null and void.

The 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. Pa. O.C. Rule 14.8(a)(1). The Guardian of the Estate shall file an Annual Report one year after appointment and annually thereafter in accordance with the provisions of 20 Pa.C.S. § 5521(c)(1)(i). A Final Report shall be filed by the Guardian of the Estate within sixty (60) days of the death of the incapacitated person, an adjudication of capacity, a change of guardian or the expiration of an order of limited duration pursuant to 20 Pa.C.S. § 5521(c)(2). A Final Report shall also be filed upon receipt of the provisional order from another state's court accepting transfer of a guardianship. Pa. O.C. Rule 14.8(a)(4) & (5). The Guardian shall serve a notice of the filing of any of these reports on all those persons, *sui juris*, who would be entitled to share in the estate of the incapacitated person if he/she died intestate, and the person or institution providing residential care services to the incapacitated person as well as to \_\_\_\_\_ within ten (10) days after filing a report using the attached form. Pa. O.C. Rule 14.8(b).

If the incapacitated person resides in a nursing facility and is the recipient of Medical Assistance, the Guardian of the Estate shall be compensated out of income at the rate of \$100 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.

In the event the incapacitated person has a safe deposit box, an Official Examiner of this court shall be in attendance when the safe deposit box is opened by the Guardian of the Estate. The Certificate of the Official Examiner of his examination of the assets in 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 compensation for these services of the Official Examiner shall be determined by the hearing judge.

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

Ivan Smith was/was not present at the hearing and was/was not represented by counsel. The court finds clear and convincing medical evidence that the physical and mental health of Ivan Smith would have been harmed by requiring his/her presence at the hearing. Counsel for the petitioner shall cause to be served upon and read to the incapacitated person a copy of this Decree and the following Statement of Rights:

**You, Ivan Smith, are hereby notified of your right to seek reconsideration of this Decree pursuant to Rule 8.2 and the right to appeal this Decree within 30 days from the date of this Decree by filing a Notice of Appeal with the Clerk of the Orphans' Court. You may also petition the court at any time to review, modify,**

**or terminate the guardianship due to a change in circumstances. You have a right to be represented by an attorney to file a motion for reconsideration, an appeal, or to seek modification or termination of this guardianship. If the assistance of counsel is needed and You cannot afford an attorney, an attorney will be appointed to represent you free of charge. Pa. O.C. Rule 14.7(a)(2).**

BY THE COURT:

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J.

Counsel

Guardian(s)



# **Sample Final Decree: Guardian of the Person and Estate**

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

Estate of Ivan Smith,  
An Alleged Incapacitated Person  
O.C. No. XXX AI of 2019  
Control No. XXXX

### **FINAL DECREE**

AND NOW, this \_\_\_\_ day of \_\_\_\_\_ 2019, upon consideration of the Petition for Adjudication of Incapacity and Appointment of a Guardian and after a hearing held following due service of a copy of the Petition and Citation Notice upon Ivan Smith, this Court finds by clear and convincing evidence that:

1. Ivan Smith is 77 years old and is a domiciliary of the City and County of Philadelphia.
2. Ivan Smith suffers from vascular dementia with psychosis, schizophrenia, chronic obstructive pulmonary disease, and hypertension which totally impairs his capacity to receive or evaluate information effectively and to make and communicate decisions concerning management of his financial affairs or to meet essential requirement of his physical health and safety.

Accordingly, it is hereby ORDERED and DECREED that Ivan Smith is adjudged a totally/partially incapacitated person and that \_\_\_\_\_ is appointed plenary/limited Guardian of the Estate of Ivan Smith, an incapacitated person. \_\_\_\_\_ is appointed plenary/limited Guardian of the Person of Ivan Smith, an incapacitated person.

The Guardian of the Estate shall enter security with a corporate surety in the amount of \$\_\_\_\_\_ within \_\_\_\_\_ days of this Decree.

The Guardian of the Estate is **NOT** permitted to expend the principal of the incapacitated person's estate without ADVANCE permission of the court in accordance with the provisions of 20 Pa.C.S. § 5536, however, income may be expended by the guardian for the care of the incapacitated person without court approval.

All financial institutions, including without limitation, banks, savings and loans, credit unions, and brokerages, shall grant to the Guardian of the Estate access to any and all assets, records, and accounts maintained for the benefit of the incapacitated person, and the Guardian of the Estate shall be entitled to transfer, retitle, withdraw, or otherwise exercise dominion and control over any and all of these assets, records and accounts. The failure of any financial institution to honor this order may lead to contempt proceedings and the imposition of sanctions. Pa.O.C .Rule 14.7(b)(2).

The health care agent or the agent appointed under a durable power of attorney previously executed by the incapacitated person shall be accountable to the Guardian of the Person and Estate of the incapacitated person as well as to the Principal (Ivan Smith). This agent's authority shall remain in effect to the extent approved by the Guardian of the Person and Estate. **OR** Any previously executed powers of attorney or health care powers of attorney and the authority to act under these documents is null and void.

The 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. Pa. O.C. Rule 14.8(a)(1). The Guardian of the Estate and Person shall each file an Annual Report one year after appointment and annually thereafter in accordance with the provisions of 20 Pa.C.S. § 5521(c)(1)(i) and (ii). Pa. O.C. Rule 14.8(a)((2) & (3)). Final Reports shall be filed by the Guardian of the Estate and Person within sixty (60) days of the death of the incapacitated person, an adjudication of capacity, a change of guardian or the expiration of an order of limited duration pursuant to 20 Pa.C.S. § 5521(c)(2). Final Reports shall also be filed upon receipt of the provisional order from another state's court accepting transfer of a guardianship. Pa. O.C. Rule 14.8(a)(4) & (5). The Guardian shall serve a notice of the filing of any of these reports on all those persons, *sui juris*, who would be entitled to share in the estate of the incapacitated person if he/she died intestate, and the person or institution providing residential care services to the incapacitated person as well as to \_\_\_\_\_ within ten (10) days after filing a report using the attached form. Pa. O.C. Rule 14.8(b).

If the incapacitated person resides in a nursing facility and is the recipient of Medical Assistance, the Guardian of the Estate shall be compensated out of income at the rate of \$100 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.

In the event the incapacitated person has a safe deposit box, an Official Examiner of this court shall be in attendance when the safe deposit box is opened by the Guardian of the Estate. The Certificate of the Official Examiner of his examination of the assets in 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 compensation for these services of the Official Examiner shall be determined by the hearing judge.

The 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.

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

Ivan Smith was/was not present at the hearing and was/was not represented by counsel. The court finds clear and convincing medical evidence that the physical and mental health of Ivan Smith would have been harmed by requiring his/her presence at the hearing. Counsel for the petitioner shall cause to be served upon and read to Ivan Smith a copy of this Decree and the following Statement of Rights:

**You, Ivan Smith, are hereby notified of your right to seek reconsideration of this Decree pursuant to Rule 8.2 and the right to appeal this Decree within 30 days from the date of this Decree by filing a Notice of Appeal with the Clerk of the Orphans' Court. You may also petition the court at any time to review, modify, or terminate the guardianship due to a change in circumstances. You have a right to be represented by an attorney to file a motion for reconsideration, an appeal, or to seek modification or termination of this guardianship. If the assistance of counsel is needed and You cannot afford an attorney, an attorney will be appointed to represent you free of charge. Pa. O.C. Rule 14.7(a)(2).**

BY THE COURT:

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J.

Counsel

Guardian(s)

# **Sample Decree: Emergency Guardian of the Person**

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

Estate of Ivan Smith,  
An Alleged Incapacitated Person  
O.C. No. XXX AI of 2019  
Control No. XXXX

### DECREE

AND NOW, this \_\_\_\_ day of \_\_\_\_\_ 2019, 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 Smith is 77 years of age, and is domiciled in the City and County of Philadelphia.
2. Ivan Smith has recently been admitted to \_\_\_\_\_ Hospital for treatment of \_\_\_\_\_.
3. Ivan Smith requires \_\_\_\_\_ to avoid irreparable harm and possible death.
4. Ivan Smith 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 \_\_\_\_\_ is appointed Emergency Guardian of the Person of Ivan Smith, 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 Smith.

Said appointment of \_\_\_\_\_ as 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, expert reports, all testimony and all exhibits, shall be SEALED and not made available except upon further Decree of this Court.

BY THE COURT:

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J.

Counsel

Guardian(s)

# **Sample Decree: Emergency Guardian of Person & Estate**

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

Estate of Ivan Smith,  
An Alleged Incapacitated Person  
O.C. No. XXX AI of 2019  
Control No. XXXX

### DECREE

AND NOW, this     day of June 2019, 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 Smith is 77 years of age, and is domiciled in the City and County of Philadelphia.
2. Ivan Smith suffers from \_\_\_\_\_, which totally impairs his capacity to receive and evaluate information effectively and to make and communicate decisions concerning management of his financials affairs and to meet the essential requirements for his physical health and safety.
3. Ivan Smith is in need of an Emergency Guardian of the Person and Estate and failure to make such an appointment will result in irreparable harm and/or death.

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

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

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

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

BY THE COURT:

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J.

Counsel

Guardian(s)

## **SOURCES FOR LEGAL SERVICES**

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

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

1500 JFK Blvd., Suite 1500

(215) 545-5728

Website: [www.carie.org](http://www.carie.org)

### **Community Legal Services (CLS)**

1424 Chestnut Street: (215) 981-3700

1410 West Erie Avenue: (215) 227-2400

Website: [www.CLSPhila.org](http://www.CLSPhila.org)

### **Elder Justice & Civil Resource Center**

Room 278 City Hall: (215) 686-7027

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

### **Homeless Advocacy Project (HAP)**

1429 Walnut Street, 15<sup>th</sup> Floor

(215) 523-9595

### **Legal Clinic for the Disabled Inc. (LCD)**

1513 Race Street: (215) 587-3350

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

Website: [www.lcdphila.org](http://www.lcdphila.org)

### **Philadelphia Bar Association Lawyer Referral and Information Service**

(Referral of private attorneys)

(215) 238-6333

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



**Philadelphia Corporation of Aging (PCA)**

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

**Philadelphia Legal Assistance (PLA)**

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

**Senior Law Center**

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

**Temple University Legal Aid Office:**

1719 North Broad Street  
(215) 204-1800

**Temple University Elderly Law Project:**

1719 North Broad Street  
(215) 204-6887

**University of Pennsylvania Gittis Center for Clinical Legal Studies**

3400 Chestnut Street  
(215) 898-8427

**Volunteers for the Indigent Program (VIP)**

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