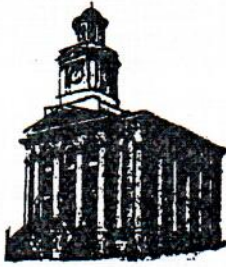


HANDBOOK FOR GUARDIANS  
OF  
INCAPACITATED PERSONS

Court of Common Pleas  
Orphans' Court Division  
54<sup>th</sup> Judicial District of Pennsylvania  
Jefferson County Courthouse  
Brookville, Pennsylvania

**Judge's Chambers**  
200 Main Street, Courthouse  
Brookville, Pennsylvania 15825  
(814) 849-1618



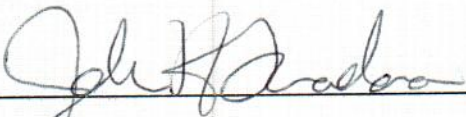
**John H. Foradora**  
President Judge

**Court of Common Pleas**  
**of Jefferson County**  
**Fifty-Fourth Judicial District**

During our lifetimes, each of us may be in contact with friends or relatives who have become unable to make proper decisions concerning their personal or financial well-being. Pennsylvania law refers to these individuals as being incapacitated and there are procedures to allow our Courts to evaluate them and appoint appropriate guardians to assist them.

This handbook will provide general information for guardians and potential guardians for individuals who may be incapacitated.

This handbook has been adopted from the work of the late Honorable Robert M. Fischer, a former Orphans' Court Judge in Erie County. Through his work, we offer this information to those looking to file in Jefferson County.

  
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John H. Foradora, President Judge Jefferson County

## INTRODUCTION

You are either considering becoming a guardian of a person who is partially or totally unable to manage his or her financial resources or unable to meet the essential needs of physical health and safety or you have already been appointed as guardian of such a person. This is a very important responsibility and may require a significant time commitment from you.

When someone is given the right to handle the affairs of another person there are many strict legal requirements and duties that apply. The law jealously protects persons who cannot handle their own affairs.

This booklet is an attempt to explain the “ins and outs” of Pennsylvania law as it pertains to incapacitated persons. In April of 1992 the Legislature of Pennsylvania passed, and the Governor of Pennsylvania signed, a new law dealing with incapacitated persons. The law sets forth in detail the definitions of incapacitated persons, the method by which guardians are appointed, the duties of a guardian and the role of the Orphans’ Court in overseeing the entire process. This Handbook adopts a question-and-answer format to assist you in understanding this process in the hope that the questions which arise regarding a guardian’s duties and obligations will be answered.

It is important to know that there are two classifications of guardians – guardians of the person and guardians of the estate. A guardian of the estate is responsible for the handling the financial affairs of the incapacitated person. A guardian of the person is responsible for the day-to-day care of an incapacitated person such as living accommodations, meals, personal care, transportation, recreation, medical care and the like.

It is the responsibility of the Orphans’ Court to see to it that the guardianships are being properly performed so that both the financial and personal needs of incapacitated persons are being met. Representatives of the Court may visit you annually to verify that you are meeting those needs. Additionally, reports must be filed outlining the care given to the incapacitated person and itemizing the income received and the monies spent for that person.

As you can well appreciate, your attorney will play a key role in the guardianship process. Any questions that you might have about your responsibilities or obligations should be addressed first to your attorney. It may also be in your best interest to discuss all major issues regarding your incapacitated person with the family.

Judge's Chambers  
200 Main Street, Courthouse  
Brookville, Pennsylvania 15825  
(814) 849-1618



John H. Foradora  
President Judge

Court of Common Pleas  
of Jefferson County  
Fifty-Fourth Judicial District

To: ALL GUARDIANS  
FROM: JOHN H. FORADORA, PRESIDENT JUDGE  
DATE: May 3, 2023

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The order appointing you as a guardian specified that you must file reports at certain time periods.

Prior to filing your reports, you must send copies to all parties in interest listed in the original petition for your appointment. **Please Note:** At the end of your report, you must certify that the documents are accurate and complete and that you have sent copies along with the required notice to all parties in interest.

Your report must be filed by its due date in the Office of the Clerk of the Orphan's Court, located on the 2<sup>nd</sup> floor of the Jefferson County Courthouse, 200 Main St., Brookville, PA 15825. There will be a fee for the filing if brought to the office in person. **All filings online are free.**

The report may be submitted by mail, but if you decide to do so, you should call the Office of the Clerk of the Orphans' at (814) 849-1610 to determine the correct fee so that you may enclose a check in that amount with the documents you are mailing.

After you have filed the required report, the documents will be reviewed by the Court and you will be notified if the report has been approved or if additional information is required.

# **PENNSYLVANIA HANDBOOK FOR GUARDIANS**

**February 2010**

**CAUTION:** THIS HANDBOOK IS BASED ON INFORMATION THAT WAS AVAILABLE IN FEBRUARY OF 2010. IT IS NOT POSSIBLE TO MAKE CHANGES IN THE HANDBOOK EVERY TIME INFORMATION OR LAW CHANGES. **THEREFORE,** YOU SHOULD CONSULT YOUR ATTORNEY BEFORE TAKING ANY SIGNIFICANT ACTION DISCUSSED IN THIS HANDBOOK. ALSO, YOU SHOULD REMEMBER THAT THE HANDBOOK CANNOT COVER EVERY SITUATION THAT YOU MAY FACE. IT IS THE RESPONSIBILITY OF YOUR ATTORNEY TO ASSIST YOU IN DEALING WITH SPECIAL SITUATIONS.

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## I: THE “WHO, WHAT, WHEN AND WHERE”

The following series of questions and answers are designed to highlight the primary steps for the appointment of a guardian for an incapacitated person. The procedures described are those which apply when a guardian is needed for a person who is an adult and is unable to look after his or her own affairs.

The law presumes that a minor, who is any person under the age of 18, has a limited ability to act with respect to his or her property. Generally, the parent of a minor acts with respect to the minor’s personal matters, but a guardian may be appointed in special circumstances, including the ownership of substantial property by a minor. There is a separate section of the Pennsylvania Probate, Estates and Fiduciary Code which addresses the circumstances and procedures for the appointment of a guardian for a minor. The information set forth hereafter is **not** applicable to minors, but only to incapacitated persons.

### **QUESTION: WHEN SHOULD THE APPOINTMENT OF A GUARDIAN FOR AN INCAPACITATED PERSON BE CONSIDERED?**

**ANSWER:** Whenever a person is thought to be incapacitated, it is appropriate to consider whether the appointment of a guardian is necessary or desirable. Pennsylvania law defines an incapacitated person as follows:

*Adults whose abilities to receive and evaluate information effectively and communicate decisions in any way are impaired to such a significant extent that they are partially or totally unable to manage their financial resources or to meet essential requirements for their physical health and safety.*

### **QUESTION: WHO MAY ASK THAT A GUARDIAN BE APPOINTED?**

**ANSWER:** Any person interested in the welfare of an incapacitated person may seek the appointment of a guardian for that person.

### **QUESTION: WHO HAS THE AUTHORITY TO APPOINT A GUARDIAN?**

**ANSWER:** A guardian may be appointed only by a judge of the Orphans’ Court of the Court of Common Pleas of the county where the incapacitated person resides. In certain cases the Court may appoint a guardian for an incapacitated person who lives outside the county if the person owns property in the county. A hearing is required.

### **QUESTION: WHO MAY BE APPOINTED GUARDIAN?**

**ANSWER:** The Court, after a hearing, may appoint as guardian any qualified individual, a corporate fiduciary (i.e., a bank), a non-profit corporation, a guardianship support agency or a county agency. In the case of a person who is a patient in a state facility the Court may also appoint, only as guardian of the estate, the guardian officer of the appropriate state facility.

The Court will not appoint a person or entity providing residential services for a fee (i.e., a nursing home) to the incapacitated person or any other person whose interests conflict with those of the incapacitated person except where it is clearly demonstrated that no other alternative exists. If appropriate, the Court will give preference to someone named by the incapacitated person.



**QUESTION: ARE CO-GUARDIANS PERMISSIBLE?**

**ANSWER:** It is possible to have the Court appoint a co-guardian of the estate or person should the Court, in its discretion, deem such an appointment advisable.

**QUESTION: WHO WILL THE COURT APPOINT AS A GUARDIAN WHEN NO PROPER PERSON IS AVAILABLE FOR APPOINTMENT?**

**ANSWER:** Guardianship support agencies approved by the Orphans' Court may be appointed as the guardian of the estate or person, or both, when no qualified person or corporate fiduciary is willing to serve. In certain instances those agencies may be available to assist petitioners and/or individual guardians. Although those receiving guardian services from guardian agencies will be charged for services they provide, the charges will be adjusted to meet the ability of the incapacitated person to pay them and guardian support agencies are required to provide their services at minimal cost.

**QUESTION: WHAT CAN BE DONE TO ASSIST AN INCAPACITATED PERSON IN AN EMERGENCY SITUATION?**

**ANSWER:** The Court may appoint an emergency guardian of the person or estate when it finds, upon clear and convincing evidence, that the person is incapacitated and that failure to make an emergency appointment will result in irreparable harm to the person or estate. The Court will follow the same petition hearing requirements of a permanent guardianship except if it finds, due to the emergency, that notice and hearing are not practical.

An emergency guardianship of the person remains in effect for up to seventy-two (72) hours, but may be extended for an additional twenty (20) days. The emergency guardianship powers will be determined by the Court according to the needs of the incapacitated person. For example, an emergency guardianship may be obtained if a person is in need of immediate medical care.

An emergency guardianship of the estate remains in effect for up to thirty (30) days.

**II: TYPES OF GUARDIANSHIPS**

**QUESTION: WHAT TYPES OF GUARDIANSHIPS ARE AVAILABLE?**

**ANSWER:** The Court may appoint a guardian of the person and/or a guardian of the estate. Each type of guardianship may be **plenary**, that is, unlimited, or **limited** to just those specific powers necessary to meet the ward's needs. (An individual who has been determined by the Court to be incapacitated is referred to as the "ward" of the Court and of the guardians.)

**QUESTION: WHAT MAY A GUARDIAN OF THE PERSON DO?**

**ANSWER:** A **plenary** guardian of the person has the authority to make all decisions necessary for the personal well being of the incapacitated person. For example, the guardian may place the ward in a nursing home or make medical decisions, including life or death choices.

A **limited** guardian of the person has only those powers specifically set forth in the Court's decree.

When considering a guardianship, it is important to know the current and expected needs of the incapacitated person and the present ability of that individual to meet those needs.

**QUESTION: ARE THERE LIMITS TO THE POWERS OF THE GUARDIAN OF THE PERSON?**

**ANSWER:** Yes. Unless specifically approved by Court Order, a guardian of the person **cannot** consent on behalf of the ward to an abortion, sterilization, psychosurgery, electric shock treatment, removal of a healthy body part or consent to medical experimentation. A guardian may not block the marriage of the ward or refuse to consent to a divorce.

Even the Court may not give a guardian permission to admit the ward to a mental unit or to consent to the relinquishment of parental rights.

**QUESTION: ARE THERE DIFFERENT TYPES OF GUARDIANS OF THE ESTATE?**

**ANSWER:** Yes. There are two types of guardians of the estate.

**Limited Guardian of the Estate:** Upon a finding that the person is **partially** incapacitated and in need of guardianship services, the Court will appoint a LIMITED guardian of the estate and will specifically define the powers and authority of the limited guardian.

**Plenary Guardian of the Estate:** If the Court finds that the person is **totally** incapacitated, the Court will appoint a PLENARY guardian of the estate. A plenary guardian manages all of the incapacitated person's assets and financial affairs.

**QUESTION: WHAT MAY A GUARDIAN OF THE ESTATE DO?**

**ANSWER:** The guardian of the estate gathers the assets of the incapacitated person, preserves them and invests them in interest bearing accounts and low-risk income producing securities. The guardian of the estate also pays the bills for the incapacitated person from the ward's funds.

Generally speaking, a **plenary** guardian of the estate has the authority to handle all of the financial affairs of the ward, including such things as:

- (a) Buy and sell assets, investments and real estate (subject to certain limitations);
- (b) Operate a business which is part of the estate;
- (c) Incorporate a business which is part of the estate;
- (d) Vote any stocks which are held by the estate;
- (e) Accept a deed in lieu of foreclosure;
- (f) Compromise or settle controversies (with Court approval);

- (g) Purchase liability insurance;
- (h) Lease property of the estate, collect income and rents; and
- (i) Make reasonable expenditures to preserve property of the estate.

A **limited** guardian of the estate has only those powers specifically set forth in the Court's decree.

### **III: BEGINNING THE GUARDIANSHIP PROCESS**

#### **QUESTION: HOW IS THE NEED FOR A GUARDIAN PRESENTED TO THE COURT?**

**ANSWER:** A petition must be filed with the Orphans' Court of the county. In most cases the petition would be prepared by an attorney hired by the person who asks for the appointment of a guardianship. The petition must contain certain information. The following is a summary of that information:

- (a) The name, age, residence and post office address of the alleged incapacitated person;
- (b) The names and addresses of the husband or wife, parents and adult heirs of the alleged incapacitated person;
- (c) The name and address of the person or institution providing residential services to the alleged incapacitated person;
- (d) The names and addresses of other service providers;
- (e) The name and address of the person or entity whom the petitioner asks to be appointed guardian;
- (f) A statement that the proposed guardian has no interest opposed to the alleged incapacitated person;
- (g) The reason why guardianship is requested;
- (h) A description of the physical and mental limitations of the alleged incapacitated person;
- (i) The steps taken to find other alternatives;
- (j) The specific areas of incapacity over which it is requested that the guardian be given authority; and
- (k) The qualifications of the proposed guardian.

**QUESTION: WHO MUST BE NOTIFIED WHEN THE PETITION IS FILED WITH THE COURT?**

- ANSWER:**
1. The alleged incapacitated person for whom the appointment of a guardian is requested.
  2. All persons within Pennsylvania who are 18 years old or older and who would share in the property of the alleged incapacitated person if that person died without a will.
  3. All persons or institutions providing residential services to the alleged incapacitated person.
  4. Such other persons as the Court may direct.

**QUESTION: WHAT TYPE OF NOTICE IS REQUIRED?**

**ANSWER:** Written notice must be given in large type and in simple language explaining the purpose and seriousness of the guardianship hearing and the rights that can be lost as a result. The date, time and place of the hearing on the petition and an explanation of all rights, including the right to a free attorney must be stated. The Court will provide the notice. This notice must be served personally on the alleged incapacitated person, but may also be served upon other persons in any manner the Court directs.

**QUESTION: WHAT IF THE INCAPCITATED PERSON DOES NOT HAVE AN ATTORNEY?**

**ANSWER:** The petitioner must notify the Court at least seven (7) days prior to the scheduled hearing if a lawyer has not been retained by or on behalf of the alleged incapacitated person. The Court may then, in appropriate cases, appoint an attorney to represent the alleged incapacitated person.

**QUESTION: WHEN WILL THE HEARING TAKE PLACE:**

**ANSWER:** The hearing will take place when the Court schedule permits. The time and place of the hearing will be fixed by the Court when the petition is presented. The hearing may not be sooner than twenty (20) days after the petition is served upon the alleged incapacitated person.

In an emergency the Court may appoint a guardian of the person without notice for up to seventy-two (72) hours and may continue that appointment for up to twenty (20) days after expiration of the initial emergency order. An emergency guardian of the estate may be appointed for up to thirty (30) days.

**QUESTION: WHERE WILL THE HEARING TAKE PLACE?**

**ANSWER:** In most instances the hearing will take place in the courtroom of the judge who will hear the petition at the county courthouse. The law permits the hearing to be conducted at the residence of the person who is allegedly to be incapacitated, but such hearings are relatively rare and a specific reason would have to be given as to why the hearing should be held outside of the courtroom.

**QUESTION: WHO ATTENDS THE HEARING?**

- ANSWER:**
1. The petitioner, as the person initiating the guardianship proceeding, would generally be expected to attend. In certain cases the petitioner need not attend if the petitioner was not expected to offer any testimony.
  2. The alleged incapacitated person is required to be present at the hearing unless the Court is satisfied that the physical or mental condition of the alleged incapacitated person would be harmed by being present or if it is impossible because the person is not in Pennsylvania. The testimony or deposition of a physician or licensed psychologist must be offered if the alleged incapacitated person is not able to appear because it would harm his or her physical and/or mental condition.
  3. The proposed guardian.
  4. The attorney for the petitioner.
  5. Witnesses with testimony or other evidence to offer.
  6. The attorney for the alleged incapacitated person, if there is one.
  7. Any interested person to whom notice of the proceeding was given and who desires to be present.

Any person alleged to be incapacitated or his or her attorney may request that the hearing be closed to the public. In that event, only persons entitled to present evidence such as the petitioner, the alleged incapacitated person and their counsel would be present at the hearing with the judge and the court officers.

**QUESTION: WHAT PART DOES THE ALLEGEDLY INCAPACITATED PERSON HAVE IN THE HEARING?**

**ANSWER:** Allegedly incapacitated persons have the right to present evidence concerning their capacity. They have the right to be represented by a lawyer and to have Court-appointed counsel if they cannot afford their own.

They have the right to seek the appointment of a physician by the Court to determine their capacity. Allegedly incapacitated persons have the right to cross-examine witnesses and to demand that the facts be heard by a jury.

**QUESTION: WHAT FACTS MUST BE ESTABLISHED AT THE HEARING?**

**ANSWER:** The Court will consider evidence at the hearing concerning:

1. The nature of any condition or disability which limits the individual's ability to make and express decisions.
2. The extent of the individual's ability to make and express decisions.

3. The need for guardianship services, if any, in light of the availability of the family, friends and other support services to assist the individual in making decisions and in light of the existence, if any, of advance directives such as durable powers of attorney or trusts.
4. The type of guardian, limited or plenary, of the person or estate, needed based on the nature of any condition or disability or ability to make and express decisions.
5. The length of time the guardianship would last.

**QUESTION: HOW IS EVIDENCE PRESENTED?**

**ANSWER:** Generally, evidence is offered under oath and in the courtroom.

To establish incapacity, the petitioner must present testimony in person or by deposition from individuals qualified by training and experience in evaluating individuals with an incapacity of the type alleged by the petitioner. The testimony should establish the nature and extent of the alleged incapacities and disabilities and the person's mental, emotional and physical condition; adaptive behavior and social skills.

The petitioner must also present evidence regarding the services being utilized to meet essential requirements for the alleged incapacitated person's physical health and safety; the services being utilized to manage the person's financial resources or to develop or regain the person's abilities; evidence regarding the types of assistance required by the person and why no less restrictive alternatives would be appropriate; and evidence regarding the probability that the extent of the person's incapacities may significantly lessen or change.

**QUESTION: WHAT ARE THE PROBABLE RESULTS OF THE HEARING?**

**ANSWER:** The Court could determine that the proceeding has not been instituted to aid or benefit the alleged incapacitated person or that it does not have jurisdiction over the petition in question. In both these instances the proceedings would be dismissed. The Court could determine that the allegedly incapacitated person was able to receive and evaluate information effectively, was able to communicate decisions and that a guardian was not necessary.

Where the Court is satisfied upon the presentation of clear and convincing evidence that the person about whom the petition has been filed is incapacitated, the Court will appoint a guardian who may be (1) a limited or plenary guardian of the person; (2) a limited or plenary guardian of the estate; or some combination of both.

**QUESTION: WHO PAYS THE EXPENSES ASSOCIATED WITH THE APPOINTMENT OF A GUARDIAN?**

**ANSWER:** Generally, if the alleged incapacitated person has property sufficient to pay the expenses of the proceeding, those expenses would be paid from the incapacitated person's property by the guardian after appointment. If the petitioner was unsuccessful in securing the appointment of a guardian, the petitioner would have to pay the expenses.

In those instances where the alleged incapacitated person does not have sufficient assets to pay the expenses, the petitioner may request the Court to excuse the payment of filing fees and may also ask the Court to appoint a physician to review the alleged incapacitated person's capacity. The Court may order the county to pay for an attorney or evaluation expenses when an alleged incapacitated person cannot pay.

## **VI: NOW THAT YOU ARE A GUARDIAN**

### **QUESTION: WHAT ARE THE LEGAL RESPONSIBILITIES OF GUARDIANS?**

**ANSWER:** All guardians have a legal duty to protect the rights and property of the incapacitated person. A guardian may be held personally liable by the Court for mismanagement of the ward's affairs. This is called a "fiduciary duty."

### **QUESTION: WHAT IS BOND?**

**ANSWER:** At the hearing the Court will determine if it will be necessary for the guardian to file a bond and, if so, its amount. The premium for the bond can be paid from the assets of the ward.

A bond is a type of insurance policy that guarantees the guardian's faithful performance of all duties. If the guardian misappropriates property of the ward's estate and is unable to repay, the bonding company will pay the value of the property to the incapacitated person's estate. The bonding company would then have a legal claim against the guardian for the value of the property which was taken.

### **QUESTION: WHAT RIGHTS DOES THE WARD HAVE?**

**ANSWER:** To the extent of their ability, incapacitated persons have the right to participate in decisions affecting their quality of life. The guardian must allow the ward to take an active role in planning support services and the ward has the right to petition the Court for a review of the guardianship at any time.

### **QUESTION: WHAT DOES A GUARDIAN DO IF THE WARD OBJECTS TO A PARTICULAR PROGRAM?**

**ANSWER:** The guardian must report to the Court if the incapacitated person has a known objection to a specific act or omission. The Court can then determine if the guardian is correct in the assessment of the needs of the ward.

### **QUESTION: CAN THE WARD EXECUTE A WILL OR REVISE AN ESTATE PLAN AFTER BEING DETERMINED TO BE INCAPACITATED?**

**ANSWER:** No. An incapacitated person cannot execute a will or revise his estate plan during any period in which he has been determined to be incapacitated by the Court.

However, the Court, upon Petition and with notice to all interested parties, may permit incapacitated person, through their guardians, to: make gifts, disclaim interests in property, exercise powers of appointments, enter into contracts, create trusts, change

beneficiaries on life insurance policies, make certain elections relative to inheriting property, change his domicile and make other estate planning type arrangements.

**QUESTION: CAN THE WARD'S ASSETS BE USED FOR THE GUARDIAN'S OWN PURPOSES?**

**ANSWER:** Absolutely not. The guardian must preserve the assets of the incapacitated person and must make reasonable expenditures of those assets only for the benefit of the ward. If a guardian of the estate misappropriates the ward's property for his own benefit, the Court will require the guardian to pay the property back to the estate of the incapacitated person and may appoint a new guardian of the estate at that time. Misappropriation of the ward's property may also result in criminal charges being brought against a guardian.

However, the guardian of the estate may be entitled to reimbursement for out-of-pocket costs which are incurred as the result of the guardianship.

**QUESTION: WHO CAN ASSIST THE GUARDIAN?**

**ANSWER:** An attorney can assist the guardian in filing reports, providing information on permissible investments and otherwise fulfilling their duties. Guardianship support agencies may also be available to assist guardians in these areas.

#### **V: GUARDIAN'S DUTY TO FILE ANNUAL REPORTS**

**QUESTION: MUST THE GUARDIAN OF THE PERSON REPORT TO THE COURT?**

**ANSWER:** Yes. At least once within the first twelve (12) months of the appointment and annually thereafter, the guardian of the person, whether plenary or limited, must file a report with the Court outlining the guardian's performance. The guardian must state the current residence of the ward and the type of placement. The guardian must also indicate the ward's health and mental condition, living arrangements and support program. The guardians must list the number of the guardians' wards, the visits with the ward, the length of each visit and give an opinion as to whether the guardianship should be continued. A final report must be filed within sixty (60) days after the death of the incapacitated person.

**QUESTION: MUST THE GUARDIAN OF THE ESTATE REPORT TO THE COURT?**

**ANSWER:** Yes. Within ninety (90) days of appointment, the guardian of the estate, whether plenary or limited, must file an Inventory with the Court itemizing all the financial assets of the ward. Subject to any limits set by the Court, the guardian must take control of those assets and open up an account with the financial institution in the name of the guardian, as guardian of the ward.

The Inventory should include an appraisal of personal property; a statement of real estate owned by the ward and a statement of any property which the guardian expects to acquire thereafter.

Thereafter, at least once within the first twelve (12) months of the appointment and annually thereafter, the guardian of the estate must file a report with the Court specifying



the income received on behalf of the ward by the guardian and the expenditures made by the guardian on behalf of the ward. The Court may require that the report be filed more frequently. A final report must be filed within sixty (60) days after the death of the ward.

The annual report should include the following information:

- (i) Current principal and how it is invested;
- (ii) Current income;
- (iii) Expenditures of principal and income since the last report; and
- (iv) Needs of the incapacitated person for which the guardian has provided since the last report.

**QUESTION: WHAT RECORDS SHOULD A GUARDIAN KEEP?**

**ANSWER:** All receipts for expenditures paid on behalf of the incapacitated person should be kept until the annual report is approved by the Court. Bank statements and information regarding assets, investments and insurance should also be kept until the annual report is approved by the Court.

**QUESTION: WHEN ARE GUARDIAN'S REPORTS DUE?**

**ANSWER:** Generally, the annual reports are due one (1) year from the date of the guardians' appointment and every year thereafter. The exact date will be specified in the Court's Order.

**QUESTION: WHERE IS THE REPORT FILED?**

**ANSWER:** The reports should be filed with the Clerk of Courts on the first floor of the Crawford County Courthouse. A minimal filing fee will be charged and this cost may be deducted from the ward's assets.

**QUESTION: WHAT HAPPENS AFTER THE REPORT IS FILED?**

**ANSWER:** The report will be reviewed and placed in the Court's file. A Court representative will contact you when the report is approved or if additional information is required.

**VI: TERMINATION OR MODIFICATION OF GUARDIANSHIPS**

**QUESTION: HOW LONG DOES A GUARDIAN REMAIN IN OFFICE?**

**ANSWER:** Generally, a guardian's appointment is expected to be permanent. Absent a circumstance where the condition of the incapacitated person is subject to change by reason of elapsed time, an appointment will be for an indefinite period ending, if not sooner, upon the death of the incapacitated person.

Guardianships are terminated if the wards regain their ability to make their own rational decisions. Guardianships may be modified in scope if the wards regain some of that capacity.

If a guardian is unable to carry out the duties and responsibilities of the guardianship, the guardian should notify the Court in writing and the Court will appoint a new guardian.

**QUESTION: WHAT HAPPENS IF THE GUARDIAN DIES OR WANTS TO RESIGN?**

**ANSWER:** The Court, after notice to the parties, may appoint a succeeding guardian to fill a vacancy in the guardianship. If the deceased guardian was a parent and has directed in a will a person to be guardian of the incapacitated child, the Court will give preference to that person.

**QUESTION: WHAT IF THERE IS A CHANGE IN THE WARD'S CONDITION?**

**ANSWER:** In the case of a change of condition, the Orphan's Court will hold a hearing to determine the current condition of the ward. If individuals are no longer incapacitated, the Court will find that they have regained their capacity and will terminate the guardianship. On the other hand, if there had been a limited guardianship initially and the ward has become worse in condition, the Court may increase the powers of the guardianship.

**QUESTION: WHAT ABOUT REPORTS WHERE THE GUARDIANSHIP IS NO LONGER NEEDED, AS IN THE DEATH OF THE WARD OR THE REGAINING OF CAPACITY?**

**ANSWER:** The guardian, on completion of duties, is required to prepare an accounting for all activities by the guardian during the time of the service from the last filed account to the date of the ward's death or Court Order finding a resumption of capacity.

An Account and Audit is prepared for the Court's review reflecting the original assets of the ward, the income that was earned for the guardianship, the expenses that were paid on behalf of the ward, the resulting funds available for distribution and a suggested schedule of distribution for the Court's review.

If the ward has died, notice and a copy of the Account are given to all of the heirs of the ward so that they may review the document and submit any questions they may have about the administration of the ward's estate to the Court. If the ward has regained capacity, notice and a copy of the Account are given to the ward for the same reason.

After review of the account by interested parties and the Court, if all is satisfactory, the Court approves the account and the guardian is discharged.

**APPENDIX**

**SAMPLE GUARDIAN'S INVENTORY FOR AN INCAPACITATED PERSON**

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)**

- 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>	<b>\$ 0.00</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 the 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 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>	<b>\$ 0.00</b>



**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)	\$ <u>0.00</u>	d. Total assets (principal) (Part II, Question 1)	\$ <u>0.00</u>
b. Annual estimated expenses	\$ _____		
c. Net Income (a minus b)	\$ <u>0.00</u>		

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
<b>Social Security Disability Insurance (SSDI)</b>	
<b>Supplemental Security Income (SSI)</b>	
<b>Social Security Retirement Benefits</b>	
<b>Veterans Benefits</b>	
<b>Medical assistance, Long term care</b>	
<b>Medical assistance, Home Waiver</b>	
<b>Other</b> (Explain: _____ )	



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?      \$ \_\_\_\_\_

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*

**APPENDIX**

**SAMPLE ANNUAL REPORT OF THE GUARDIAN OF THE PERSON**

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 Guardian was discharged by a court order dated: \_\_\_\_\_

Order for Adjudication of Capacity dated: \_\_\_\_\_

Limited Duration Order Expired, dated: \_\_\_\_\_

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

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

**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 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*

\_\_\_\_\_

\_\_\_\_\_

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*

**APPENDIX**

**SAMPLE ANNUAL REPORT OF THE GUARDIAN OF THE ESTATE**

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

**REPORT OF GUARDIAN OF THE ESTATE**

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

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

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

**PART I. INTRODUCTION**

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

2. Is this a limited Guardianship?

Yes

No

3. Report Period

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

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

The death of the Incapacitated Person.

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

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

The Guardian was discharged by a court order dated: \_\_\_\_\_

Order for Adjudication of Capacity dated: \_\_\_\_\_

Limited Duration Order Expired, dated: \_\_\_\_\_

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

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

**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>	<b>\$ 0.00</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 Taxes		\$
Rent		\$
Utilities		\$
Other		\$
	<b>TOTAL</b>	\$ 0.00



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): \$ 0.00  
 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: \$ 0.00  
 4. Total Expense (Part III, Question 1 TOTAL): \$ 0.00  
 5. Subtract line 4 from line 3.  
 If amount is positive, enter it here to show UNSPENT INCOME, otherwise enter \$0: \$ 0.00  
 6. Subtract line 4 from line 3.  
 If amount is negative, enter it here to show PRINCIPAL SPENT, otherwise enter \$0: \$ 0.00  
 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>	<b>\$ 0.00</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 Report Period
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL</b>		<b>\$ 0.00</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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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. 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 \$ \_\_\_\_\_ - and then answer Questions a - b.
- No - The court waived a surety bond, skip to Question 2.

a. Is the surety bond still in effect?

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

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

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

- Yes
- No

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

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

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

Yes - Answer Question a and b.

No - Skip to Part X.

N/A

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

Yes

No

b. Describe the deductible and any exclusions.

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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*

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

*Guardian Name*

*Description*

\_\_\_\_\_

\_\_\_\_\_

**PART XI. SUMMARY**

1. If this is the first annual report, state the value of the assets reported on the Inventory. (Use amount from Part V, Question 1 of <i>this</i> Report.) (principal)	\$ 0.00
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.)	\$ 0.00
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.)	\$ 0.00
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.)	\$ 0.00
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.)	\$ 0.00
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.)	\$ 0.00

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*