

# INSTRUCTIONS

## PETITION FOR GUARDIANSHIP

***IT IS STRONGLY RECOMMENDED THAT YOU  
CONSULT AN ATTORNEY***

### DISCLAIMER

THE SELF HELP CENTER STAFF AND THE STAFF IN ANY COURT OFFICE ARE NOT PERMITTED TO GIVE YOU LEGAL ADVICE. THE INFORMATION IN THE PACKETS IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THESE DOCUMENTS, INCLUDING RELIANCE ON THEIR CONTENTS. IF YOU WANT TO OBTAIN THE SERVICES OF AN ATTORNEY BUT DO NOT KNOW WHOM TO CONTACT, YOU MAY CALL THE DAUPHIN COUNTY LAWYER REFERRAL SERVICE AT (717) 232-7536.

# **PETITION FOR GUARDIANSHIP INSTRUCTIONS**

**WHILE YOU ARE PERMITTED TO FILE LEGAL PAPERS AND REPRESENT YOURSELF IN COURT, IT IS STRONGLY RECOMMENDED THAT YOU SEEK THE ADVICE OF AN ATTORNEY.**

**PLEASE COMPLETE EACH PARAGRAPH AND WRITE NEATLY.**

By filing a Petition for Guardianship, you are asking the Court to determine that the alleged incapacitated person is incapacitated and that a Guardian should be appointed as Guardian of the Estate and/or Person.

## **USEFUL DEFINITIONS:**

- **Incapacitated person:** Incapacitated Person is defined as an adult (18 years of age or older) whose ability to receive and evaluate information effectively and communicate decisions in any way is impaired to such a significant extent that s/he is partially or totally unable to manage his/her financial resources or to meet essential requirements for his/her physical health and safety.
- **Limited Guardian of the Person:** Upon finding that the person is partially incapacitated and in need of guardianship services, the court shall enter an order appointing a limited guardian of the person with powers consistent with the court's findings of limitations, which may include:
  1. General care, maintenance and custody of the incapacitated person.
  2. Designating the place for the incapacitated person to live.
  3. Assuring that the incapacitated person receives such training, education, medical and psychological services and social and vocational opportunities, as appropriate, as well as assisting the incapacitated person in the development of maximum self-reliance and independence.
  4. Providing required consents or approvals on behalf of the incapacitated person.
- **Plenary (Unlimited) Guardian of the Person:** The court may appoint a plenary guardian of the person only upon a finding that the person is totally incapacitated.
- **Limited Guardian of the Estate:** Upon a finding that the person is partially incapacitated and in need of guardianship services, the court shall enter an order appointing a limited guardian of the estate with powers consistent with the court's finding of limitations which shall specify the portion of assets or income over which the guardian of the estate is assigned powers and duties.
- **Plenary (Unlimited) Guardian of the Estate:** The court may appoint a plenary guardian of the estate only upon a finding that the person is totally incapacitated.
- **Sui Juris:** Legal age – 18 years of age or older and with full legal capacity.
- **Non Sui Juris:** Under the age of 18 and/or without full legal capacity.
- **Intestate Heir:** Family members who would stand to inherit from the estate of the alleged incapacitated person if the incapacitated person did not have a will.

## **COMPLETION OF THE FORM**

Enter the complete name of the alleged incapacitated person in the top left corner.

**Read each question carefully and be sure to answer all questions.**

## **PENNSYLVANIA STATE POLICE CRIMINAL RECORD CHECK**

You are required to attach a copy of the Pennsylvania State Police Criminal Record Check to the Petition for Guardianship with the social security number redacted. The report has to be done within the six (6) months prior to the date you file the petition. The quickest method is to request the report online at <https://epatch.state.pa.us>. You can also request this report by mail by using the form attached to the instructions. Please note that there is a cost and you cannot send cash or a personal check.

## **COMMONWEALTH OF PENNSYLVANIA NOTIFICATION OF MENTAL HEALTH COMMITMENT**

The Clerk of the Orphans' Court prefers that you complete this form and file it at the same time that you are filing the Petition for Guardianship. If the court grants your petition, you will not receive a copy of the Adjudication until this form is prepared and filed. **If you print out the packet from the Self Help Center page of the Dauphin County website, the Commonwealth of Pennsylvania Notification of Mental Health Commitment is not included. You must print out this form in accordance with the instructions appearing on the webpage.**

## **FILING**

Once you have completed all forms and attached the required documents, you will file an original and one copy with the Clerk of the Orphans' Court. There is a filing fee. Please contact the Clerk of the Orphans' Court at (717) 780-6510 if you do not know the filing fee. You should also have a copy for your records and a copy to serve on all persons listed in the SERVICE section below. You will also need to file a Request for Assignment form at the same time you file the Petition for Guardianship.

## **SERVICE**

You are required to personally serve a copy of the CITATION WITH NOTICE with the attached petition to the alleged incapacitated person. You are required to explain to the maximum extent possible in language and terms the individual is likely to understand. You must complete service at least twenty (20) days before the hearing.

You are also required to send a copy of the Citation with Notice and the petition to the following:

- Anyone who is sui juris and residing in the Commonwealth of Pennsylvania and would be entitled to share in the estate of the alleged incapacitated person if s/he died intestate at that time.

- To the person and/or institution providing residential services to the alleged incapacitated person.
- To such other parties as the Court may direct.

You must file a certificate of service with the Clerk of the Orphans' Court on the form provided.

### **WHAT HAPPENS AFTER FILING?**

The Clerk of the Orphans' Court will process the Petition and send it to the Court Administrator's Office for review and assignment to a judge. If the Petition is not completely or correctly filled out or if you are missing attachments, you may receive an order requesting you to correct the mistakes and refile the Petition. It is very important that you read each question contained in the Petition and answer appropriately. The guardianship statute and the Supreme Court Orphans' Court Rules are very specific about what needs to be contained in the Petition and what needs to be attached to the Petition.

The assigned judge will schedule a hearing.

### **BEFORE THE HEARING**

You are required to notify the court at least seven (7) days prior to the hearing if counsel has been retained by or on behalf of the alleged incapacitated person. In appropriate cases, the court may appoint counsel to represent the alleged incapacitated person at the hearing. If the alleged incapacitated person is unable to pay the cost of counsel, the court will order the county to pay the costs.

### **HEARING**

The alleged incapacitated person must be present at the hearing unless the court is satisfied, upon the deposition or testimony of or the sworn statement by a physician or licensed psychologist that the alleged incapacitated person's physical or mental condition would be harmed by their presence at the hearing.

To establish incapacity, you as the petitioner must present testimony, in person or by deposition from individuals qualified by training and experience in evaluating individuals with incapacities of the type alleged in the petition. Often, this testimony will come from the alleged incapacitated person's doctor. The testimony must 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 court may accept a complete and legible expert report in lieu of expert testimony, whether in person or by deposition, unless otherwise required by rule or order of court. A blank expert report form is attached to the forms in this packet. **If you print out the packet from the Self Help Center page of the Dauphin County website, the Expert Report is not included. You must print out this forms in accordance with the instructions appearing on the webpage.**

If you have a professional complete this expert report form, you must:

- Serve a copy of the completed report upon the alleged incapacitated person's counsel, if any, and all other counsel of record and you must serve the alleged incapacitated person by a competent adult no later than **ten** (10) days prior to the hearing on the petition.
- You must also serve a notice that you intend to use the expert report at the hearing on those individuals who are entitled to notice of the petition and hearing no later than **ten** (10) days prior to the hearing.
- You must file a certificate of service with the Clerk of the Orphans' Court using the form provided in this packet.

The alleged incapacitated person's counsel or if unrepresented, the alleged incapacitated person, may file with the court and serve on the petitioner a demand for the testimony of the expert within **five** (5) days of service of the completed expert report. If a demand for testimony is filed and served, the expert report may not be admitted into evidence and an expert must provide testimony at the hearing either in person or by deposition.

## **BOND**

A request for the court to waive or modify a bond requirement for the guardian of the estate may be raised in the Petition for Guardianship. The court may order the waiver or modification of a bond requirement for good cause.

## **HOW IS A GUARDIAN SELECTED?**

If the court determines that a guardian is needed, the court will appoint the person nominated as such in a power of attorney, a health care power of attorney, an advanced health care directive, a mental health care declaration or mental health power of attorney except for good cause shown or disqualification.

If there is no such document in place, the court will consider the eligibility of one or more persons to serve as guardian in the following order:

### **1. Guardian of the Person –**

- The guardian of the estate;
- The spouse, unless estranged or an action for divorce is pending;
- An adult child;
- A parent;
- The nominee of a deceased or living parent of an unmarried alleged incapacitated person;
- An adult sibling;
- An adult grandchild;
- Other adult family member;
- An adult who has knowledge of the alleged incapacitated person's preferences and values, including, but not limited to religious and moral beliefs, and would be able to access how the alleged incapacitated person would make decisions; or
- Other qualified proposed guardian including a professional guardian.

## 2. Guardian of the Estate –

When the estate of the alleged incapacitated person consists of minimal assets or where the proposed guardian possesses the skills and experience necessary to manage the finances of the estate:

- The guardian of the person;
- The spouse, unless estranged or an action for divorce is pending;
- An adult child;
- A parent;
- The nominee of a deceased or living parent of an unmarried alleged incapacitated person;
- An adult sibling;
- An adult grandchild;
- Other adult family member;
- An adult who has knowledge of the alleged incapacitated person's preferences and values, including, but not limited to religious and moral beliefs, and would be able to access how the alleged incapacitated person would make decisions.

Where no person listed above possesses the skills and experience necessary to manage the finances of the estate, the guardian of the estate may be any proposed guardian including a professional guardian or corporate fiduciary.

### **WHAT ARE THE REPORTING RESPONSIBILITIES OF A GUARDIAN AFTER THE JUDGE GRANTS THE PETITION FOR GUARDIAN AND ADJUDICATES THE SUBJECT OF THE PETITION INCAPACITATED?**

#### **Guardian of the Estate –**

Within ninety (90) days from the date of appointment, the guardian of the estate must file an inventory with the Clerk of the Orphans' Court.

**IT IS IMPORTANT TO NOTE THAT THE GUARDIAN OF THE ESTATE IS NOT PERMITTED TO COMBINE THE INCAPACITATED PERSON'S ASSETS WITH THEIR OWN ASSETS. THE GUARDIAN OF THE ESTATE MAY NOT HAVE ANY FUNDS BELONGING TO THE INCAPACITATED PERSON DIRECTLY DEPOSITED INTO THE GUARDIAN'S PERSONAL ACCOUNT.** Typically, the guardian of the estate will open up a new bank account solely for the incapacitated person's assets. Any reimbursements owed to the guardian shall be processed the same way that any other bills of the incapacitated person are processed.

Within one year and every subsequent year thereafter from the date of appointment, the guardian of the estate must file the annual estate report with the Clerk of the Orphans' Court.

#### **Guardian of the Person –**

Within one year and every subsequent year thereafter from the date of appointment, the guardian of the person must file an annual person report with the Clerk of the Orphans' Court.

These reports may be filed electronically with the Guardian Tracking System (GTS). The appointed guardian will receive more information about this from the Clerk of the Orphans' Court subsequent to the hearing.

**WHAT ARE THE REPORTING REQUIREMENTS AFTER THE GUARDIANSHIP HAS TERMINATED OR THE INCAPACITATED PERSON DIES?**

Within sixty (60) days from the termination of the guardianship either by death or order of court, the guardian of the estate and person must file a final report. The guardianship ends on the date of the court order or the date of death and the guardian can no longer act in this capacity.

**FORMS**  
**PETITION FOR GUARDIANSHIP**

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IN RE: GUARDIANSHIP OF

: IN THE COURT OF COMMON PLEAS  
: DAUPHIN COUNTY, PENNSYLVANIA

:  
:  
:  
:  
:

\_\_\_\_\_  
Name of Alleged Incapacitated Person

: \_\_\_\_\_ OC \_\_\_\_\_  
: Orphans' Court Division

**PETITION FOR GUARDIANSHIP**

1. I, \_\_\_\_\_, request the Court to adjudicate

Petitioner's Name

\_\_\_\_\_ as an incapacitated person.

Name of alleged incapacitated person

I reside at \_\_\_\_\_ and my complete mailing

Petitioner's complete address

address, if different, is \_\_\_\_\_.

Petitioner's complete mailing address

I am \_\_\_\_\_ years old and my relationship to the alleged incapacitated person is

\_\_\_\_\_.

*To be completed if there is more than one Petitioner. If there is only one Petitioner, skip to question 2.*

I, \_\_\_\_\_, request the Court to adjudicate

Petitioner's Name

\_\_\_\_\_ as an incapacitated person.

Name of alleged incapacitated person

I reside at \_\_\_\_\_ and my complete mailing

Petitioner's complete address

address, if different, is \_\_\_\_\_.

Petitioner's complete mailing address

I am \_\_\_\_\_ years old and my relationship to the alleged incapacitated person is

\_\_\_\_\_.

2. The alleged incapacitated person's name is \_\_\_\_\_.

3. The alleged incapacitated person's complete date of birth is \_\_\_\_\_.

4. The alleged incapacitated person resides at \_\_\_\_\_  
and his/her complete mailing address, if different, is \_\_\_\_\_.

5. The names and addresses of the alleged incapacitated person's spouse, parents and presumptive intestate heirs and whether they are *sui juris* or non *sui juris* are as follows:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Complete Mailing Address

Relationship:  Spouse  Parent  Presumptive Intestate Heir

*sui juris*  non *sui juris*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Complete Mailing Address

Relationship:  Spouse  Parent  Presumptive Intestate Heir  
 *sui juris*  *non sui juris*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Complete Mailing Address

Relationship:  Spouse  Parent  Presumptive Intestate Heir  
 *sui juris*  *non sui juris*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Complete Mailing Address

Relationship:  Spouse  Parent  Presumptive Intestate Heir  
 *sui juris*  *non sui juris*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Complete Mailing Address

Relationship:  Spouse  Parent  Presumptive Intestate Heir  
 *sui juris*  *non sui juris*

**6.** The name and address of the person or institution providing residential services to the alleged incapacitated person is:

\_\_\_\_\_  
Name of person or institution

\_\_\_\_\_  
Complete mailing address of person or institution

**7.** Name and address of other service providers and nature of the services being provided.

\_\_\_\_\_  
Name of service provider

\_\_\_\_\_  
Complete mailing address of service provider

\_\_\_\_\_  
Detailed explanation of the nature of the services provided

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

\_\_\_\_\_  
Name of service provider

\_\_\_\_\_  
Complete mailing address of service provider

\_\_\_\_\_  
Detailed explanation of the nature of the services provided

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

\_\_\_\_\_  
Name of service provider

\_\_\_\_\_  
Complete mailing address of service provider

\_\_\_\_\_  
Detailed explanation of the nature of the services provided

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

- 8.** Has the alleged incapacitated person executed a health care power of attorney or advance health care directive pursuant to Title 20, Chapter 54?  Yes  No

If the answer was yes, provide the name and address of the person designated in the writing to act as the agent.

\_\_\_\_\_  
Name of designated person

\_\_\_\_\_  
Complete mailing address of the designated person

- 9.** Has the alleged incapacitated person executed a power of attorney pursuant to Title 20, Chapter 56?  Yes  No

If the answer was yes, provide the name and address of the person designated in the writing to act as the agent.

\_\_\_\_\_  
Name of designated person

\_\_\_\_\_  
Complete mailing address of the designated person

- 10.** Is there any other writing by the alleged incapacitated person pursuant to Title 20, Chapters 54 or 58 authorizing another to act on behalf of the alleged incapacitated person?  Yes  No

If the answer was yes, provide the name and address of the person designated in the writing to act as the agent.

\_\_\_\_\_  
Name of designated person

\_\_\_\_\_  
Complete mailing address of the designated person

- 11.** Please state in detail why you are seeking guardianship of the alleged incapacitated person, including a description of functional limitations and the physical and mental condition of the alleged incapacitated person.

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

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**12.** Are you requesting the Court to appoint a plenary guardian of the person and or estate?  
 Yes  No

If you are not requesting a plenary guardianship, list the specific areas of incapacity over which it is requested that the guardian be assigned powers.

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**13.** Do you think the physical and mental condition of the alleged incapacitated person will improve?  Yes  No

**14.** Has there been a prior incapacity hearing concerning the alleged incapacitated person?  
 Yes  No

If you answered 'yes', state the name of the Court, the date of the hearing and the determination of incapacity.

\_\_\_\_\_  
Name of Court

\_\_\_\_\_  
Date of hearing

Was the alleged incapacitated person adjudicated incapacitated?  Yes  No

**15.** What steps have been taken to find a less restrictive alternative rather than guardianship?

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**16.** Do you request the Court to appoint a guardian of the estate?  Yes  No

If you answered 'yes', the gross value of the estate is \_\_\_\_\_.

The net income from all sources, to the extent known, is \_\_\_\_\_.

Has a prepaid burial account be established?  Yes  No

**17.** Is the alleged incapacitated person a veteran of the United States Armed Services?  
 Yes  No

18. Is the alleged incapacitated person receiving benefits from the United States Veterans' Administration on behalf of himself or herself or through a spouse?  Yes  No

19. Petitioner proposes that the following individuals should receive notice of the filing of the annual guardianship reports:

\_\_\_\_\_  
Name Complete mailing address

20. Petitioner requests that the following person(s) or entity be named as  Guardian of the Person  Guardian of the Estate or  Guardian of the Estate and Person of the alleged incapacitated person. If the proposed Guardian(s) is an entity, list the name of the person(s) to have direct responsibility for the alleged incapacitated person and the name of the principal of the entity.

\_\_\_\_\_  
Name Complete address

\_\_\_\_\_  
Relationship to alleged incapacitated person Complete mailing address (if different)

Does the proposed guardian have any adverse interest to the alleged incapacitated person?  Yes  No

Is the proposed guardian available and able to visit or confer with the alleged incapacitated person?  Yes  No

Has the proposed guardian completed any guardianship training?  Yes  No

If you answered 'yes', state the following: \_\_\_\_\_  
Name of the training program

\_\_\_\_\_  
Length of the training program Date of completion of the training program

Does the proposed guardian have any guardianship certification?  Yes  No

If you answered 'yes', is the certification current?  Yes  No

Does the proposed guardian have any disciplinary action related to the certification?  
 Yes  No

Is the proposed guardian a guardian for any other incapacitated persons?  
 Yes  No

If you answered 'yes', please state the number of active guardianship cases. \_\_\_\_\_

**If more than one guardian is proposed, complete the following for each person/entity. If only one guardian is proposed, skip to question 21.**

**Co-Guardian (if any)**

Petitioner requests that the following person(s) or entity be named as  Guardian of the Person  Guardian of the Estate or  Guardian of the Estate and Person of the alleged incapacitated person. If the proposed Guardian(s) is an entity, list the name of the person(s) to have direct responsibility for the alleged incapacitated person and the name of the principal of the entity.

\_\_\_\_\_  
Name Complete address

\_\_\_\_\_  
Relationship to alleged incapacitated person Complete mailing address (if different)

Does the proposed guardian have any adverse interest to the alleged incapacitated person?  Yes  No

Is the proposed guardian available and able to visit or confer with the alleged incapacitated person?  Yes  No

Has the proposed guardian completed any guardianship training?  Yes  No

If you answered 'yes', state the following: \_\_\_\_\_  
Name of the training program

\_\_\_\_\_  
Length of the training program Date of completion of the training program

Does the proposed guardian have any guardianship certification?  Yes  No

If you answered 'yes', is the certification current?  Yes  No

Does the proposed guardian have any disciplinary action related to the certification?  
 Yes  No

Is the proposed guardian a guardian for any other incapacitated persons?  
 Yes  No

If you answered 'yes', please state the number of active guardianship cases. \_\_\_\_\_

**Co-Guardian (if any)**

Petitioner requests that the following person(s) or entity be named as  Guardian of the Person  Guardian of the Estate or  Guardian of the Estate and Person of the alleged incapacitated person. If the proposed Guardian(s) is an entity, list the name of the person(s) to have direct responsibility for the alleged incapacitated person and the name of the principal of the entity.

\_\_\_\_\_  
Name Complete address

\_\_\_\_\_  
Relationship to alleged incapacitated person Complete mailing address (if different)

Does the proposed guardian have any adverse interest to the alleged incapacitated person?  Yes  No

Is the proposed guardian available and able to visit or confer with the alleged incapacitated person?  Yes  No

Has the proposed guardian completed any guardianship training?  Yes  No  
If you answered 'yes', state the following: \_\_\_\_\_

Name of the training program

\_\_\_\_\_  
Length of the training program

\_\_\_\_\_  
Date of completion of the training program

Does the proposed guardian have any guardianship certification?  Yes  No

If you answered 'yes', is the certification current?  Yes  No

Does the proposed guardian have any disciplinary action related to the certification?  
 Yes  No

Is the proposed guardian a guardian for any other incapacitated persons?

Yes  No

If you answered 'yes', please state the number of active guardianship cases. \_\_\_\_\_

**21.** The following documents must be attached to this petition: (Please check all that are attached).

An executed health care power of attorney or advance health care directive if you answered question 9 'yes'.

An executed power of attorney if you answered question 10 'yes'.

Any writing by the alleged incapacitated person authorizing another to act on behalf of the alleged incapacitated person if you answered question 11 'yes'.

The certified response to a Pennsylvania State Police criminal record check, with the Social Security Number redacted, for each proposed guardian issued within six months of the filing of this petition.

Did the proposed guardian reside outside Pennsylvania within the previous five-year period and was 18 years of age or older at any time during that period?

Yes  No If you answered 'yes', a criminal record check shall be obtained from the statewide database, or its equivalent, in each state in which the proposed guardian has resided within the previous five-year period.

Is the proposed guardian is an entity?  Yes  No If you answered 'yes', a criminal record check of the person(s) who will have direct responsibility for the alleged incapacitated person and the principal of the entity must be attached.

Any consent or acknowledgment of the proposed guardian to serve as a guardian for the alleged incapacitated person.

**WHEREFORE**, Petitioner(s) requests the Court:

a. to schedule a hearing on this Petition;

b. to adjudicate \_\_\_\_\_ as an incapacitated person

Name of alleged incapacitated person

and appoint \_\_\_\_\_ as guardian of the  person, or  
Name of proposed guardian  
 estate or  guardian of the person and estate.

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

**VERIFICATION**

I/we, \_\_\_\_\_, verify that  
Name(s) of Petitioner(s)

the facts set forth in the PETITION FOR GUARDIANSHIP are true and correct to the best of my/our knowledge, information and belief. I/we understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

**CERTIFICATION**

I/we, \_\_\_\_\_, certify that this filing complies  
Name(s) of Petitioner(s)

with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents. See:

<http://www.pacourts.us/public-records/public-records-policies>.

Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

IN RE: GUARDIANSHIP OF

: IN THE COURT OF COMMON PLEAS  
: DAUPHIN COUNTY, PENNSYLVANIA

:  
:  
:  
:

\_\_\_\_\_  
Name of Alleged Incapacitated Person

: \_\_\_\_\_ OC \_\_\_\_\_  
: Orphans' Court Division

TO:

\_\_\_\_\_  
Name of Alleged Incapacitated Person

### IMPORTANT NOTICE CITATION WITH NOTICE

A Petition has been filed with this Court to have you declared an Incapacitated Person. If the Court finds you to be an Incapacitated Person, your rights will be affected, including your right to manage money and property and to make decisions. A copy of the Petition which has been filed by \_\_\_\_\_

Name(s) of Petitioner(s)

is hereby attached.

You are hereby ordered to appear at a hearing to be held in Courtroom Number \_\_\_\_\_,  Dauphin County Courthouse, 101 Market Street, Harrisburg, PA  Juvenile Justice Center, 25 S. Front Street, Harrisburg, PA on \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ .m. to tell the Court why it should not find you to be an Incapacitated Person and appoint a Guardian to act on your behalf.

To be an Incapacitated Person means that you are not able to receive and effectively evaluate information and communicate decisions and that you are unable to manage your money and/or other property, or to make necessary decisions about where you will live, what medical care you will get, or how your money will be spent.

At the hearing, you have the right to appear, to be represented by an attorney, and to request a jury trial. If you do not have an attorney, you have the right to request the Court to appoint an attorney to represent you and to have the attorney's fees paid for you if you cannot afford to pay them yourself. You also have the right to request that the Court order that an independent evaluation be conducted as to your alleged incapacity.

If the Court decides that you are an Incapacitated Person, the Court may appoint a Guardian for you, based on the nature of any condition or disability and your capacity to make and communicate decisions. The Guardian will be of your person and/or of your money and other property and will have either limited or full powers to act for you.

If the Court finds you are totally incapacitated, your legal rights will be affected and you will not be able to make a contract or gift of your money or other property. If

TO: \_\_\_\_\_  
Name of Alleged Incapacitated Person

the Court finds that you are partially incapacitated, your legal rights will also be limited as directed by the Court.

If you do not appear at the hearing (either in person or by an attorney representing you), the Court will still hold the hearing in your absence and may appoint the Guardian requested.

By: \_\_\_\_\_  
Orphans' Court Clerk

IN RE: GUARDIANSHIP OF

: IN THE COURT OF COMMON PLEAS  
: DAUPHIN COUNTY, PENNSYLVANIA

:  
:  
:  
:  
:

\_\_\_\_\_  
Name of Alleged Incapacitated Person

: \_\_\_\_\_ OC \_\_\_\_\_  
: Orphans' Court Division

**ORDER**

AND NOW THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, after hearing on the Petition for Guardianship in the above-captioned matter held on \_\_\_\_\_, 20\_\_\_\_\_, and it appearing to the Court that

\_\_\_\_\_ was served with the Citation and Notice of this hearing on \_\_\_\_\_, 20\_\_\_\_\_, the Court finds as follows:

1. \_\_\_\_\_ suffers from \_\_\_\_\_.  
This condition \_\_\_\_\_.
2. There are insufficient supports available to assist \_\_\_\_\_ in overcoming such limitations and there exists no less restrictive alternative mechanism for decision making other than the appointment of a \_\_\_\_\_ guardian of the person and a \_\_\_\_\_ guardian of the estate.
3. Based on clear and convincing evidence, it is hereby ORDERED, ADJUDGED and DECREED that \_\_\_\_\_ is hereby adjudged a  totally  partially incapacitated person.
4. \_\_\_\_\_ is appointed as Guardian of the Person for \_\_\_\_\_.  
The Guardian of the Person is required to file an annual report one year after the appointment and annually thereafter. Reports can be filed electronically pursuant to the pamphlet attached to this Order. There  are  are not any limits placed on this guardianship of the person. The limits, if any, are \_\_\_\_\_.

5. \_\_\_\_\_ is appointed as Guardian of the Estate for \_\_\_\_\_ . A bond  is not required  is required and shall be in the amount of \_\_\_\_\_ and is to be filed within \_\_\_\_\_ days of the date of this Order. The Guardian  **is not** permitted to spend principal without prior Court approval. The Guardian  **is** permitted to spend principal without prior Court approval up to \_\_\_\_\_ per \_\_\_\_\_. All financial institutions, including without limitation, banks, savings and loans, credit unions, and brokerages, shall grant to the guardian of \_\_\_\_\_'s estate access to any and all assets, records, and accounts maintained for the benefit of \_\_\_\_\_, and the guardian of \_\_\_\_\_'s estate shall be entitled to transfer, retitle, withdraw, or otherwise exercise dominion and control over any and all said assets, records and accounts. The failure of any financial institution to honor this order may lead to contempt proceedings and the imposition of sanctions. The Guardian of the Estate is required to file an **Inventory** within ninety (90) days from the date of appointment. The Guardian of the Estate is required to file an **annual report** one year from the date of appointment and annually thereafter. The inventory and annual reports can be filed electronically pursuant to the pamphlet attached to this Order. There  are  are not any limits placed on the guardianship of the estate. The limits, if any, are \_\_\_\_\_.
6. The continued effectiveness of any previously executed powers of attorney or health care powers of attorney and the authority of the agent to act under that document is \_\_\_\_\_.
7. A **final** report by the Guardian of the Person and/or the Guardian of the Estate must be filed 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.

8. The following person(s) shall be served a notice of the filing of the required annual reports.

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The guardian(s) shall serve a notice of the filing of the annual report(s) within **ten (10)** days after filing a report using the required form.

9. \_\_\_\_\_ is hereby notified of the right to seek reconsideration of this Order pursuant to Rule 8.2 and the right to appeal this Order within thirty (30) days from the date of this Order by filing a Notice of Appeal with the Clerk of the Orphans' Court. \_\_\_\_\_ may also petition the Court at any time to review, modify, or terminate the guardianship due to a change in circumstances. \_\_\_\_\_ has 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 \_\_\_\_\_ cannot afford an attorney, an attorney will be appointed to represent \_\_\_\_\_ free of charge.

10. If no appeal is filed within thirty (30) days from the date of this order, \_\_\_\_\_ Esq., attorney for the guardian(s), and \_\_\_\_\_, Esq., attorney for the incapacitated person, shall file a Petition to Withdraw as Counsel with the Clerk of the Orphans' Court if they no longer wish to be counsel of record. If the court grants the Petition to Withdraw as Counsel, the attorney shall no longer have the privilege of access to this case record.

BY THE COURT:

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Judge

Distribution:



# REQUEST FOR ASSIGNMENT ORPHANS' COURT MATTERS

DAUPHIN COUNTY  
TWELFTH JUDICIAL DISTRICT  
COURT OF COMMON PLEAS

Effective: 9-1-16

**INSTRUCTIONS:** THIS FORM SHALL BE FILED WHENEVER ACTION BY THE COURT IS REQUIRED. This is only to be used for Orphans' Court matters and should not be used for Civil/Family law matters.

File the original of this form with the **Clerk of the Orphans' Court**. (Use reverse side if necessary. **DO NOT ABBREVIATE PARTIES.**) A proposed order should be filed with this form.

<b>NAME OF CASE:</b>
<b>DOCKET NUMBER:</b>
<b>TITLE AND DATE OF FILING OF MATTER TO BE ASSIGNED: (BE SPECIFIC)</b>
<input type="checkbox"/> A RULE TO SHOW CAUSE OR A CITATION IS REQUESTED AND IS ATTACHED. <input type="checkbox"/> AN ANSWER OR RESPONSE HAS BEEN FILED AND THIS MATTER IS READY FOR A HEARING OR DECISION. ANTICIPATED LENGTH OF HEARING OR ARGUMENT: <input type="checkbox"/> A CONFERENCE IS REQUESTED WITH THE COURT. <input type="checkbox"/> THE MATTER IS READY FOR HEARING BY THE COURT. ANTICIPATED LENGTH OF HEARING: <input type="checkbox"/> THE MATTER IS READY FOR DISPOSITION. <input type="checkbox"/> ACCOUNTS: AUDIT IS READY FOR COURT REVIEW.
<b>RELATED CASES:</b> Please list the case name, docket number and assigned judge to any related case:
<b>COUNSEL:</b> (List names, addresses, telephone numbers and email addresses of all counsel and self-represented parties)

Date

Signature of Listing Counsel or Self-Represented Party

IN RE: GUARDIANSHIP OF

: IN THE COURT OF COMMON PLEAS  
: DAUPHIN COUNTY, PENNSYLVANIA

:  
:  
:  
:  
:

\_\_\_\_\_  
Name of Alleged Incapacitated Person

: \_\_\_\_\_ OC \_\_\_\_\_  
: Orphans' Court Division

**CERTIFICATE OF SERVICE**

I, \_\_\_\_\_, hereby verify that on  
(Your Name)

\_\_\_\_\_, 20\_\_\_\_\_, I served a true and correct copy of the  
Citation with Notice and the Petition for Guardianship on:

The alleged incapacitated person at the following address:

\_\_\_\_\_.

I certify that I explained the contents of the Petition for Guardianship and the Citation with  
Notice to the maximum extent possible in language and terms the individual is likely to  
understand.

I also served a copy of the Citation with Notice and the Petition for Guardianship on  
anyone who is sui juris and residing in the Commonwealth of Pennsylvania and would  
be entitled to share in the estate of the alleged incapacitated person if s/he died intestate  
as listed below:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Complete Mailing Address

I also served a copy of the Citation with Notice and the Petition for Guardianship on the person and/or institution providing residential services to the alleged incapacitated person as listed below:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Complete Mailing Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Complete Mailing Address

Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

**CERTIFICATION**

I/we, \_\_\_\_\_, certify that this filing complies  
Name(s) of Petitioner(s)

with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents. See:

<http://www.pacourts.us/public-records/public-records-policies>.

Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

IN RE: GUARDIANSHIP OF

: IN THE COURT OF COMMON PLEAS  
: DAUPHIN COUNTY, PENNSYLVANIA

:  
:  
:  
:  
:

\_\_\_\_\_  
Name of Alleged Incapacitated Person

: \_\_\_\_\_ OC \_\_\_\_\_  
: Orphans' Court Division

**NOTICE OF INTENTION TO USE EXPERT REPORT IN LIEU OF EXPERT TESTIMONY AT HEARING ON PETITION FOR GUARDIANSHIP**

I, \_\_\_\_\_, hereby verify that I intend to use the attached  
Your Name

Expert Report in Lieu of Expert Testimony at the Hearing on the Petition for Guardianship and I further certify that on \_\_\_\_\_, 20\_\_\_\_\_, I served a true and correct copy of the this Notice on:

The alleged incapacitated person at the following address:

\_\_\_\_\_.

I also served a copy of this Notice on anyone who is sui juris and residing in the Commonwealth of Pennsylvania and would be entitled to share in the estate of the alleged incapacitated person if s/he died intestate as listed below:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Complete Mailing Address

I also served a copy of this Notice on the person and/or institution providing residential services to the alleged incapacitated person as listed below:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Complete Mailing Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Complete Mailing Address

Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

**CERTIFICATION**

I/we, \_\_\_\_\_, certify that this filing complies  
Name(s) of Petitioner(s)

with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents. See:

<http://www.pacourts.us/public-records/public-records-policies>.

Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

**COMMONWEALTH OF PENNSYLVANIA  
NOTIFICATION OF MENTAL HEALTH COMMITMENT**

In accordance with 18 Pa.C.S. 6111.1(f)(1)(i), judges of the courts of common pleas shall notify the Pennsylvania State Police (PSP) of the identity of any individual who has been adjudicated as an incompetent or as a mental defective or who has been involuntarily committed to a mental institution under the act of July 9, 1976 (P.L. 817, No. 143), known as the Mental Health Procedures Act, or who has been involuntarily treated as described in section 6105(c)(4) (relating to persons not to possess, use, manufacture, control, sell or transfer firearms) or as described in 18 U.S.C. §922(g)(4) (relating to unlawful acts) and its implementing Federal regulations. This notification shall be transmitted by the judge to the PSP within **SEVEN** days of the adjudication, commitment, or treatment, at the address below.

The Pennsylvania Uniform Firearms Act, 18 Pa.C.S. 6105(c)(4) specifies that it shall be unlawful for any person adjudicated as an incompetent or who has been involuntarily committed to a mental institution for inpatient care and treatment under Section 302, 303, or 304 of the Mental Health Procedures Act of July 9, 1976 (P.L. 817, No. 143) to possess, use, manufacture, control, sell or transfer firearms. This would include adjudication of incapacity pursuant to 20 Pa.C.S.A. 5501. Pursuant to the Pennsylvania Mental Health Procedures Act, Section 109, notification shall be transmitted to the PSP by the judge, mental health review officer, or county mental health and mental retardation administrator within **SEVEN** days of the adjudication, commitment or treatment by first class mail to the **Pennsylvania State Police, Attention: PICS Unit, 1800 Elmerton Avenue, Harrisburg, PA 17110. A copy of this form must also be forwarded to the sheriff of the county in which this person resides in accordance with 18 Pa.C.S. § 6109(i.1)(2). The envelope should be marked "CONFIDENTIAL - ATTENTION FIREARMS."**

Place an "X" in type of Involuntary Commitment (302, 303, 304), Adjudicated Incapacitated, etc. Please type or print clearly.

**INVOLUNTARY COMMITMENT**    302    303    304        **ADJUDICATED INCAPACITATED/ INCOMPETENT**  
                **OTHER** \_\_\_\_\_

DATE OF COMMITMENT OR ADJUDICATED INCAPACITATED, ETC.    / /

COUNTY OF COMMITMENT OR ADJUDICATION \_\_\_\_\_

**INDIVIDUAL INFORMATION - INDIVIDUAL INVOLUNTARILY COMMITTED OR ADJUDICATED INCAPACITATED, ETC.**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

JR., ETC. \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_ ALIAS \_\_\_\_\_

DATE OF BIRTH    / /    SSN    - -    SEX    \_\_\_\_\_    RACE    \_\_\_\_\_  
(Optional, but will help prevent misidentification)

HEIGHT    '    "    WEIGHT    \_\_\_\_\_    HAIR    \_\_\_\_\_    EYES    \_\_\_\_\_

ADDRESS \_\_\_\_\_

**Name of Physician Certifying Necessity of Involuntary Commitment** \_\_\_\_\_  
(Print Name)

Hospital/Facility Providing Treatment/Address \_\_\_\_\_

**NOTIFICATION BY** (Please print name, address, area code, and telephone number of agency or county court.)

Register of Wills/Clerk of Orphans' Court    Jean Marfizo King    Telephone    (717) 780-6500

Address    101 Market Street, Room 103, Harrisburg, PA 17101

303-304 Commitments require the Judge/Review Officer name authorizing the commitment, case number, & order date.

Name of Judge/Review Officer \_\_\_\_\_  
(Print Name)

Court Case Number \_\_\_\_\_    Date of Court Order    / /

**SIGNATURE OF NOTIFYING OFFICIAL** \_\_\_\_\_    Date    / /

**NOTIFICATION OF PHYSICIAN'S DETERMINATION THAT NO SEVERE MENTAL DISABILITY EXISTS**

The physician shall provide signed confirmation of the lack of severe mental disability following the initial examination under Section 302(b) of the Mental Health Procedures Act and pursuant to the Pennsylvania Uniform Firearms Act, Section 6111.1 (g)(3). Notice shall be transmitted by physician to the Pennsylvania State Police through the county Mental Health and Mental Retardation Administrator or Mental Health Review Officer.

Name of Physician (Print Name) \_\_\_\_\_

Signature of Physician \_\_\_\_\_    Date    / /

**PRIVACY ACT NOTICE:** Solicitation of this information is authorized under Title 18 Pa.C.S. §6111.1, and Title 50 P.S. § 7109. Disclosure of your social security number is voluntary. Your social security number, if provided, may be used to verify your identity and prevent misidentification. All information supplied, including your social security number, is confidential and not subject to public disclosure.

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

**EXPERT REPORT**

RE: \_\_\_\_\_  
*An Alleged Incapacitated Person (AIP)*

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

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**PART I: PROFESSIONAL BACKGROUND** (You may attach your curriculum vitae, if it provides answers to Questions 1 through 5. Please answer those questions not covered by curriculum vitae.)

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

2. Professional Address: \_\_\_\_\_

3. Complete education information:

	Name of Institution	Type of Degree Received	Date Completed
Undergraduate			
Graduate			
Post-Graduate			

4. Do you have any active professional licenses?  Yes  No  
If yes, indicate in what state or states you are licensed as well as the date(s) issued.

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

List any board certifications: \_\_\_\_\_

5. An Incapacitated Person is legally defined as: An adult whose ability to receive and evaluate information effectively and communicate decisions in any way is impaired to such a significant extent that he/she is partially or totally unable to manage his/her financial resources or to meet essential requirements for his/her physical health and safety.

Do you have experience evaluating whether or not an individual is incapacitated?  Yes  No

If yes, indicate the basis of your experience:

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

**PART II: ALLEGED INCAPACITATED PERSON (AIP)**

6. a. Have you treated, assessed, or evaluated the AIP?

Yes     No

b. Indicate the date(s) and location of any treatment, assessment, or evaluation you have provided or made over the last two (2) years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. If 6a. is yes, what tests have you or others administered, e.g., mini mental status exam (MMSE), Montreal Cognitive Assessment (MOCA), St. Louis University Mental Status Exam (SLUMS), etc.? List dates administered and the score. (Attach test results, not just the score.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. What is the present condition of the AIP? List all known medical and psychiatric diagnoses and current symptoms. (You may attach a list from your records.)

<u>Diagnosis</u>	<u>Symptoms/Manifestations</u>

8. List all known medications, including over-the-counter, that the AIP is taking. For each known medication, indicate, if known, the prescribing physician and the diagnosis for which the medication was prescribed or the reason for taking. (You may attach a list from your records.)

<u>Medication</u>	<u>Diagnosis/Reason Taken</u>	<u>Prescribing Physician</u>

9. Indicate the AIP's ability to perform the following functions:

	Unimpaired	Needs Some Help (Explain in #10 )	Totally Impaired	Not Assessed or Not Enough Information
Receiving and evaluating information effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to give informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing finances (including paying bills, making deposits, withdrawals and working with financial institutions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing health care (including following doctor's orders and managing/taking medications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for physical safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to emergency situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to resist scams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. For any response in Question 9 where the AIP "needs some help," please describe the type and extent of assistance needed.

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11. What recommendations have you made or would you make concerning services necessary to meet the essential requirements for the AIP's physical health and safety?

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12. What recommendations have you made or would you make concerning management of the AIP's finances?

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13. As indicated in Question 5, an Incapacitated Person is legally defined as: An adult whose ability to receive and evaluate information effectively and communicate decisions in any way is impaired to such a significant extent that he/she is partially or totally unable to manage his/her financial resources or to meet essential requirements for his/her physical health and safety.

In your expert opinion, within a reasonable degree of professional certainty and based on your knowledge, skills, experience, and education, is the AIP incapacitated?

- Yes, totally impaired       Yes, partially impaired       No

14. In your opinion, the most appropriate, least restrictive living situation for the AIP is (check one):

- The AIP can be left alone without supervision  
 Home (  with part-time home health aide or  24/7 assistance)  
 Independent living facility (room and board provided, emergency services readily available)  
 Assisted living facility (room and board provided, assistance with some activities of daily living)  
 Secure facility (Alzheimer's/Mental Health for safety and basic needs)  
 Skilled nursing facility

15. If your responses in Question 9 indicated that the AIP is totally impaired or "needs some help", do you expect the AIP's abilities in the next 6 months to (Check best estimate):

- Stay the same       Improve       Decline

Please explain:

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**PART III: GUARDIANSHIP AND SERVICES**

16. Are you aware of any circumstances, medical or otherwise, that create a need for the appointment of an emergency guardian for the AIP?

- Yes       No

If yes, indicate reasons:

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17. The AIP is required to be at the hearing, absent circumstances that could cause harm to the AIP. Putting aside whether the court proceeding may be moderately upsetting to, confusing to or not understood by the AIP, do you believe that the AIP's presence at the hearing would cause harm to the AIP's physical or mental condition?

Yes       No

Indicate reason for response:

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18. Please provide any additional information that could assist the court in determining incapacity.

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

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

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

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

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

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

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

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