

IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION

In re:

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No.

**PETITION FOR ADJUDICATION OF INCAPACITY AND APPOINTMENT OF  
A GUARDIAN OF THE PERSON OR ESTATE OF AN INCAPACITATED PERSON**

AND NOW, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, comes Petitioner,  
\_\_\_\_\_, who submits the within Petition for Adjudication of Incapacity and  
Appointment of a Guardian of the Person or Estate of an Incapacitated Person, and  
says in support:

1. The following are pertinent facts as to the Petitioner:

- a. Name:
- b. Age:
- c. Address:
- d. Mailing address, if different:
- e. Relationship to the alleged incapacitated person:

2. The following are pertinent facts as to the alleged incapacitated person:

- a. Name:
- b. Date of birth:

- c. Residence:
  - d. Mailing address, if different:
3. The following are pertinent facts as to the spouse, parents, and presumptive intestate heirs of the alleged incapacitated person (attach additional sheets if necessary):
- a. Name of spouse:  
Address:  
*Sui juris*: Yes or No
  - b. Name of father:  
Address:  
*Sui juris*: Yes or No
  - c. Name of mother:  
Address:  
*Sui juris*: Yes or No
  - d. Name of heir:  
Address:  
*Sui juris*: Yes or No
  - e. Name of heir:  
Address:  
*Sui juris*: Yes or No
4. The name and address of the person or institution providing residential services (e.g., in-home caregiver, hospital, nursing home, etc.) to the alleged incapacitated person are:

5. Other service providers (e.g., attending physician, agent under Power of Attorney, bookkeeper, etc.) are as follows:

a. Name:

Nature of service(s) being provided:

b. Name:

Nature of service(s) being provided:

c. Name:

Nature of service(s) being provided:

d. Name:

Nature of service(s) being provided:

6. Is there an executed health care power of attorney or advance directive pursuant to Title 20, Chapter 54?

If so, the person designated in the writing to act as the agent is:

Name:

Address:

7. Is there an executed power of attorney pursuant to Title 20, Chapter 56?

If so, the person designated in the writing to act as the agent is:

Name:

Address:

8. Is there any other writing by the alleged incapacitated person pursuant to Title 20, Chapters 54 (Health Care) or 58 (Mental Health Care) authorizing another to act on behalf of the alleged incapacitated person?

If so, the person designated in the writing to act as the agent is:

Name:

Address:

9. As a result of the alleged incapacitated person's mental and/or physical condition, the alleged incapacitated person is (i.e., the reason guardianship is sought) (check all that apply):

- Unable to make responsible decisions concerning his or her person, health, welfare, and safety;
- Unable to communicate his or her needs concerning his or her health, welfare, and safety;
- Unable to reside alone;
- Unable to provide for his or her personal safety;
- Unable to care for his or her residence;
- Unable to keep himself or herself properly nourished and hydrated;
- Unable to tend to his or her own personal hygiene;
- Unable to clothe himself or herself;
- Unable to medicate himself or herself;
- Unable to make responsible decisions with regard to his or her medical care, including, but not limited to obtaining health care services and admitting himself or herself into a hospital, convalescent home, skilled care facility, residential care facility, or similar institution;
- Unable to manage his or her financial affairs;
- Unable to make and communicate responsible decisions relating to his or her financial affairs;

- Unable to communicate his or her need for assistance with regard to his or her financial affairs;
  - Other.
10. If not plenary, then specific areas of incapacity over which it is requested that the guardian be assigned powers:
  11. The probability that the physical condition and mental condition of the alleged incapacitated person will improve:
  12. Has there been a prior incapacity proceeding concerning the alleged incapacitated person?  
If so, state the following:
    - a. Court:
    - b. Docket number:
    - c. Date(s) of hearing(s), if any:
    - d. Determination of capacity, if any:
  13. The steps taken to find a less restrictive alternative than a guardianship, if any, are as follows:
  14. Is the alleged incapacitated person a veteran of the United States Armed Services?
  15. Is the alleged incapacitated person receiving benefits from the United States Veterans' Administration on behalf of himself or herself or through a spouse?
  16. Individual(s) whom the Petitioner proposes should receive notice of the filing of guardianship reports, pursuant to Rule 14.8(b), if any, are:
    - a. Name:

Address:

b. Name:

Address:

c. Name:

Address:

**If the guardian of the estate is sought:**

17. The gross value of the alleged incapacitated person's estate is comprised of the following assets:

<u>Asset</u>	<u>Value</u>
Real estate	
Personal Property	_____
Total	\$

18. The alleged incapacitated person's net income is as follows:

<u>Source of Income</u>	<u>Amount of Income</u>
	_____
Total	\$

If additional space is needed, please check and attach additional sheet.

19. Does the alleged incapacitated person have a prepaid burial account?

20. The following are pertinent facts as to the proposed guardian:

a. Name:

b. Address:

c. Mailing address, if different:

- d. Relationship, if any, to the alleged incapacitated person:
  - e. If the proposed guardian is an entity, the name of the person or persons to have direct responsibility for the alleged incapacitated person:
  - f. If the proposed guardian is an entity, the name of its principal:
21. Does the proposed guardian have any adverse interest to that of the alleged incapacitated person?  Yes  No
22. Is the proposed guardian available and able to visit or confer with the alleged incapacitated person?  Yes  No
23. Has the proposed guardian completed any guardianship training?  Yes  No
24. The following are details of the guardianship training completed by the proposed guardian:
- a. Name of the training program:
  - b. Length of the training:
  - c. Date of completion:
25. The proposed guardian does / does not have any guardianship certification.
26. The following are details of the proposed guardian's guardianship certification:
- a. Current status of the certification:
  - b. Any disciplinary action related to the certification:
27. Is the proposed guardian currently acting as a guardian in at least one other matter?  Yes  No
- If so, how many?
28. The proposed guardian was / was not previously a guardian in another matter:
29. The following exhibits are appended to this Petition:

- a. All powers of attorney executed by the alleged incapacitated person referenced herein;
- b. A certified response to a Pennsylvania State Police criminal record check for each proposed guardian, issued not more than six months before the filing of the within Petition;

[Note: If any proposed guardian has resided outside the Commonwealth within the previous five-year period and was 18 years of age or older at any time during that period, then attached to the Petition as an exhibit shall be a criminal record check obtained from the statewide database, or its equivalent, in each state in which such proposed guardian has resided within that five-year period.]

[Note: When any proposed guardian is an entity, a response to a Pennsylvania State Police criminal record check shall be provided for the person or persons to have direct responsibility for the alleged incapacitated person and for the principal of the entity.]

- c. A proposed Order, as required by Rule 3.4(b) of the Pennsylvania Rules of Orphans' Court; and
  - d. The consent or acknowledgement of a proposed guardian to serve.
30. If Petitioner is seeking the appointment of an emergency guardian, the following states the facts giving rise to the emergent circumstances and why the failure to make such an appointment will result in irreparable harm to the person or estate of the alleged incapacitated person:

[See 20 Pa.C.S. § 5513 for limitations on emergency guardianships.]

Respectfully,

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner or Counsel

Typed name of Petitioner:  
Supreme Court No.:  
Address of Petitioner:  
Phone number of Petitioner:

**VERIFICATION**

The undersigned hereby certifies, subject to the penalties of 18 Pa.C.S. Section 4904, relating to unsworn falsification to authorities, that the facts set forth in the foregoing Petition are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_

\_\_\_\_\_ Petitioner

**CONSENT OF PROPOSED GUARDIAN**

The undersigned hereby consents to his/her appointment as Guardian of the Person/Estate for the alleged incapacitated person.

The address of the undersigned is: \_\_\_\_\_

The occupation of the undersigned is: \_\_\_\_\_

The undersigned speaks, reads, and writes the English language.

The undersigned does not have any interest adverse to the alleged incapacitated person.

(For individuals) The undersigned is not a fiduciary, or an officer or employee of a corporate fiduciary, of an estate in which the alleged incapacitated person has an interest; and is not the surety, or an officer or employee of a corporate surety of such a fiduciary.

(For corporations) The proposed guardian is not the fiduciary of an estate in which the alleged incapacitated person holds an interest, nor the surety of such a fiduciary, and has no interest adverse to the alleged incapacitated person.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_