

**IN RE: THE COURT OF COMMON PLEAS DELAWARE
COUNTY, PENNSYLVANIA, ORPHANS' COURT DIVISION**

RE: GUARDIANSHIP OF:

Name of Alleged Incapacitated Person

OC _____

PETITION FOR GUARDIANSHIP OF AN INCAPACITATED PERSON

1. Petitioner Information

I, _____, the undersigned, request the Court to adjudicate
_____ as an incapacitated person.

My complete address is _____.

(If different from above, my mailing address is _____).

I am _____ years old, and my relationship to the alleged incapacitated person is

_____.

(For additional petitioners, repeat the above details for each petitioner.)

**To be completed if there is mor that one Petitioner, If there is only one petition, skip to
question 2.**

Petitioner (2) Information :

I, _____, the undersigned, request the Court to adjudicate
_____ as an incapacitated person.

My complete address is _____.

(If different from above, my mailing address is _____).

I am _____ years old, and my relationship to the alleged incapacitated person is

_____.

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Alleged Incapacitated Person Information:

2. Name: _____

3. Date of Birth: _____

4. Current Address: _____

(Mailing address, if different: _____)

5. Family Members:

List the names, addresses, relationships, and legal capacity (adult, or a minor) of the following:

Spouse: _____

Address: _____

Parent(s): _____

Address: _____

Parent(s): _____

Address: _____

Presumptive intestate heirs:

Name:

Address:

Relationship:

Legal Capacity:

Spouse/Parent/Heir

adult/minor

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6. Residential Information:

The person or institution providing residential services to the alleged incapacitated person:

Name: _____

Address: _____

7. Service Providers:

List other service providers and their roles (include addresses):

Service Provider Name _____

Address _____

Nature of Service _____

8. Has the alleged incapacitated person executed a Health Care Power of Attorney or Advance Health Care directive pursuant to Title 20 Chp.54?? ___ Yes ___ No

If "Yes," list the name and address of the designated agent:

Name: _____

Address: _____

9. Has the alleged incapacitated person executed a Power of Attorney pursuant to Title 20 Chapter . 56? ___ Yes ___ No

If "Yes," list the name and address of the designated agent:

Name: _____

Address: _____

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12. Type of Guardianship Requested:

Plenary Guardian (Full)

Limited Guardian (List specific areas: _____)

13. Improvements in Condition:

Do you believe the physical or mental condition of the alleged incapacitated person will improve?

Yes No

14. Prior Proceedings:

Has there been a prior incapacity hearing? Yes No

If "Yes," provide the court name, date, and

outcome: _____

15. Alternative Steps Taken:

List any less restrictive alternatives explored before seeking guardianship:

16. Estate Information (if applicable):

Gross value of estate: _____

Net income from all sources: _____

Has a prepaid burial account be established? Yes No

17. Is the alleged incapacitated person a U.S. veteran? Yes No

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18. Does the person receive benefits from the U.S. Veterans' Administration? ___ Yes ___ No

19. Petition proposed that the following individuals should receive notice of the filing of the annual Guardianship reports:

Name: _____

Address: _____

Relationship to AIP: _____

Name: _____

Address: _____

Relationship to AIP: _____

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 interests? ___ Yes ___ No
- Is the proposed guardian available and able to visit to confer with the alleged
 incapacitated person ? ___ Yes ___ No
- Has the proposed guardian completed training? ___ Yes ___ No
- Is the proposed guardian certified? ___ Yes ___ No

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- 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)

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

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 interests? ___ Yes ___ No
- Is the proposed guardian available and able to visit to confer with the alleged
incapacitated person ? ___ Yes ___ No
- Has the proposed guardian completed training? ___ Yes ___ No
- Is the proposed guardian certified? ___ 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. _____

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Required Attachments:

- 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?
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? 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

WHEREFORE, Petitioner(s) requests the Court to:

(a) Schedule a hearing on this petition.

(b) Adjudicate _____ as an incapacitated person.

(Name of alleged incapacitated person)

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and appoint _____ as guardian of the person, estate, or both.
(Name of proposed guardian)

Print Name of Petitioner

Email Address

Telephone Number

SIGNATURE OF PETITIONER

Print Name of Petitioner

Email Address

Telephone Number

SIGNATURE OF PETITIONER

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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

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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