

**IN THE COURT OF COMMON PLEAS OF NORTHAMPTON COUNTY, PA.  
ORPHANS' COURT DIVISION  
GUARDIANSHIP**

**Re:** \_\_\_\_\_ **FILE#** \_\_\_\_\_  
**An alleged incapacitated person**

**FINAL DECREE**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, upon consideration of the petition and after hearing held following due service of the Citation with Notice and a copy of the petition, this court finds by clear and convincing evidence that:

1. \_\_\_\_\_ is \_\_\_\_\_ years of age and is a domiciliary of \_\_\_\_\_  
(Name of incapacitated individual)  
\_\_\_\_\_, Northampton County, Pennsylvania.  
(Place of residence)

2. That \_\_\_\_\_ suffers from mental disorder / physical disorder, conditions or disabilities  
(Initials of incapacitated individual)  
which totally impairs \_\_\_\_\_ capacity to receive and evaluate information effectively and to make and communicate decisions concerning management of her financial affairs or to meet essential requirements for her physical health and safety.

3. That \_\_\_\_\_ is totally dependent upon others for assistance in \_\_\_\_\_ daily activities.  
(Initials of incapacitated individual)

**Accordingly, it is hereby ORDERED and DECREED** that \_\_\_\_\_,  
(Name of incapacitated individual)  
is adjudged a totally incapacitated person and that the following individual(s) are appointed plenary guardian(s) of the person and the estate of \_\_\_\_\_, an incapacitated person.  
(Initials of incapacitated individual)

\_\_\_\_\_  
(Name of Guardian) (Guardian of the Person and / or Estate)

\_\_\_\_\_  
(Name of Guardian) (Guardian of the Person and / or Estate)

**IS A BOND REQUIRED BY THE COURT?** (\_\_\_\_\_) (Yes / No)

**If YES**, the Guardian(s) shall post a secured bond in the amount of \$ \_\_\_\_\_

In the event said incapacitated person has a safe deposit box, an Official Examiner of this court shall be in attendance when said safe deposit box is opened. The Certificate of the Official Examiner of his examination of the assets in such safe deposit box shall be submitted to the court, and, when approved by the hearing judge, shall be filed with the record in this case. The amount and manner of compensation for these services of the Official Examiner shall be determined by the hearing judge.

( ) The above guardian (s) shall file an inventory **within ninety (90)** days from the date of this Decree in accordance with the provisions of 20 Pa.C.S.A. §5521(b) and §5142 **and annually thereafter.**

Said guardian(s) \_\_\_\_\_ not permitted to expend the principal of the incapacitated person's estate without permission of the court in accordance with the provisions of 20 Pa.C.S.A. §5536.

Furthermore, said guardian(s) **shall file** a Report at least once within the first twelve months of appointment and at least annually thereafter in accordance with the provisions of 20 Pa.C.S.A. §5521(c)(1)(i) and (ii).

**Within sixty (60) days** after the death of the incapacitated person or an adjudication of capacity, the guardians shall file a Final Report with the court pursuant to 20 Pa.C.S.A. §5521(c)(2).

The incapacitated person \_\_\_\_\_ present at the hearing and \_\_\_\_\_ represented by counsel.  
(was / was not) (was / was not)

The court finds from clear and convincing medical evidence that IP’s physical and mental health would have been harmed by requiring her presence at the hearing. Accordingly, counsel for the petitioner shall cause to be served upon and read to “**IP**” (**I**ncapacitated **P**erson) a copy of this Decree and the Statement of Rights, a copy of which is attached to this Decree as Exhibit "A", and file proof of such service with the Clerk of the Orphans' Court within ten (10) days.

YOU HAVE THE RIGHT TO APPEAL THE COURT’S DECISION FINDING YOU INCAPACITATED WITHIN THIRTY (30) DAYS OF THE DATE OF THIS ORDER, IN ACCORDANCE WITH APPLICABLE LAW. ALSO, YOU HAVE THE RIGHT TO PETITION THE COURT TO TERMINATE OR MODIFY ITS ORDER FINDING YOU INCAPACITATED IF YOU REGAIN YOUR CAPACITY, WITHER COMPLETELY OR IN CERTAIN AREAS.

BY THE COURT:

\_\_\_\_\_  
J.