

**IN THE COURT OF THE COMMON PLEAS OF NORTHAMPTON COUNTY, PENNSYLVANIA
ORPHANS' COURT**



FILE # _____

RE: _____

(An alleged incapacitated person)

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

TO THE HONORABLE, THE JUDGE OF THE SAID COURT:

(A) PETITION**(1) PETITIONER(S) INFORMATION**

Name	Age	Relationship
Address		
Mailing Address (If different)		

Name	Age	Relationship
Address		
Mailing Address (If different)		

(2) INCAPACITATED PERSON INFORMATION

Name	Date of Birth
Residence	

(3) RELATIVES INFORMATION**SPOUSE (If any)**

Name	Address
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PARENTS

Name	Address
Name	Address

INTESTATE HEIRS

Name	Address
Name	Address
Name	Address
Name	Address

(4) NAMES AND ADDRESS OF THE PERSON OR INSTITUTION PROVIDING SERVICES

Name of Institution (If any)	
Name of Person	
Address	

(5) NAME AND ADDRESS OF OTHER SERVICE PROVIDERS AND NATURE OF SERVICES

Name of Institution (If any)	
Name of Person	
Services Provided	
Address	

- (6) Does the alleged incapacitated person have an executed health care power of attorney or advance health care directive pursuant to Title 20, Chapter 54? **IF SO**, The name and address of the person designated as the agent.**

Type of document	
Named Agent	
Address	
Filed with this Court?	

- (7) Does the alleged incapacitated person have an executed power of attorney pursuant to Title 20, Chapter 56 ? **IF SO**, the name and address of the person designated in the writing to act as the agent;**

Type of document	
Named Agent	
Address	
Filed with this Court?	

- (8) 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, and if so, the name and address of the person designated.**

Type of document	
Named Agent	
Address	
Filed with this Court?	

Note:

See 20 Pa.C.S. §§ 5441—5447 for Living Will Act; 20 Pa.C.S. §§ 5451—5465 for Health Care Agents and Representatives Act; 20 Pa.C.S. §§ 5821—5826 for Advance Directive for Mental Health Act; 20 Pa.C.S. §§ 5831—5845 for Mental Health Care Agents Act.

(14) IF A GUARDIAN OF THE ESTATE IS SOUGHT:

Gross value of the estate	
Net income from all sources	
Is there a prepaid burial account?	

(15) VETERAN STATUS**YES****NO**

Is the alleged incapacitated person a veteran of the US Armed forces?		
Currently receiving benefits from the US Veteran Administration on behalf of Himself or Herself or through a spouse?		

(16) THE FOLLOWING SHOULD RECEIVE NOTICE OF THE FILING OF GUARDIAN REPORTS,

Pursuant to Rule 14.8(b), which may include any person identified in paragraphs (a)(3)—(a)(8).

	NAME	ADDRESS
1		
2		
3		
4		

(B) PROPOSED GUARDIAN(S)**(1) GUARDIAN(S):** If the proposed guardian is an entity, then the name of the person or persons to have direct responsibility for the alleged incapacitated person and the name of the principal of the entity

Name of Proposed Guardian (If Entity, name of person with direct responsibility)	
Relationship	
Address	
Mailing Address (If different)	

Name of Proposed Guardian (If Entity, name of person with direct responsibility)	
Relationship	
Address	
Mailing Address (If different)	

(C) PROPOSED GUARDIAN(S):

YES / NO

(2)	Does the proposed guardian have any adverse interest to the alleged incapacitated person?		
(3)	Is the proposed guardian available and able to visit or confer with the alleged incapacitated person?		
(4)	Has the proposed guardian completed any guardianship training?		
	Name of the training program		
	Length of the training		
	Date of completion		
(5)	Does the guardian have a guardianship certification?		
	The current status of the certification:		
	Any disciplinary action related to the certification?		
(6)	Are you the Guardian in any other matters?		
	If so, the number of active matters		

(7) If the petition nominates a different proposed guardian of the estate from the proposed guardian of the person, then the information required in subparagraphs (b)(1)—(b)(6) as to each nominee.

(D) EXHIBITS

The following exhibits **shall** be appended to the petition:

- (1) All writings referenced in paragraphs (a)(6)—(a)(8), if available;
- (2) The certified response to a Pennsylvania State Police criminal record check, with Social Security Number redacted, for each proposed guardian issued within six months of the filing of the petition;
 - (i) 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 the petition shall include a criminal record check obtained from the statewide database, or its equivalent, in each state in which such proposed guardian has resided within the previous five-year period.
 - (ii) When any proposed guardian is an entity, the person or persons to have direct responsibility for the alleged incapacitated person and the principal of the entity shall comply with the requirements of subparagraph (c)(2).

Verification for Individual Petitioner

The undersigned hereby verifies that the averment of facts set forth in the foregoing Petition for Adjudication which are within the personal knowledge of the Petitioner are true, and as to facts based on the information of others, the Petitioner, after diligent inquiry, believes them to be true; and that any false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

_____ Date

Signature of Attorney (If represented)

_____ Date

Signature of Petitioner

_____ Date

Signature of Petitioner