

COURT OF COMMON PLEAS
____ COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

REPORT OF GUARDIAN OF THE ESTATE

Estate of: _____, an Incapacitated Person
Name of Incapacitated Person

Case File No: _____

DATE COURT APPOINTED YOU AS GUARDIAN: _____

PART I. INTRODUCTION

1. Name(s) of Guardian(s): _____

2. Is this a limited Guardianship?

Yes

No

3. Report Period

This is the **Report** for the period from _____ to _____
_____ (the "**Report Period**"); or

This is the **Final Report** for the period from _____ to _____
_____ (the "**Report Period**") and is filed for the following reason:

The death of the Incapacitated Person.

Date of Death: _____

Name of Executor/Administrator: _____

The Guardian was discharged by a court order dated: _____

Order for Adjudication of Capacity dated: _____

Limited Duration Order Expired, dated: _____

Transfer of Guardianship to: _____

Date of court order approving transfer: _____

4. Where is the Incapacitated Person physically living?

5. Nature of Residence of the Incapacitated Person (Select One)

Incapacitated Person's home (with part-time home health care aide *or* 24/7 assistance)

Your home

Relative's home

Relative's Name: _____ Relationship: _____

Domiciliary Care

Facility Name: _____

Is this a Memory Support Facility? Yes No

Personal Care Boarding Home

Facility Name: _____

Is this a Memory Support Facility? Yes No

Group Home

Facility Name: _____

Is this a Memory Support Facility? Yes No

Assisted Living Facility

Facility Name: _____

Is this a Memory Support Facility? Yes No

Nursing Home Facility

Facility Name: _____

Is this a Memory Support Facility? Yes No

Other: _____

6. Has the Incapacitated Person moved during the **Report Period**?

Yes

No

If yes, date of move: _____

If yes, please provide:

Reason for move: _____

Previous residence/address: _____

7. What is the Gender of the Incapacitated Person?

Female

Male

Unreported / Unknown

8. What is the Race of the Incapacitated Person?

Asian

Asian / Pacific Islander

Black

Multi-Racial

Native American / Alaskan Native

Native Hawaiian / Pacific Islander

Unreported / Unknown

White

9. What is the Ethnicity of the Incapacitated Person?

Hispanic

Non Hispanic

Unknown

10. Does the Incapacitated Person still require a guardian? Should the guardianship be:

Continued

Continued with modifications

Discharged

11. Provide the reasons for your opinion. List specific recommended modifications.

12. Have you filed a petition for modification or termination?

Yes

No

PART II. INCOME

1. List all sources of income received during the **Report Period**:

Did the Incapacitated Person receive any of the following?		Amount During Report Period
Alimony or Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuity Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Interest Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
IRA Distributions (for example: 401(k), 403(b), etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Long Term Care Insurance Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pension/Retirement Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Rental Property Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Royalties (including from mineral and land rights)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security (Retirement, Disability, SSI, or any other SSA benefits)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Tax Refund	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trust Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Veterans Benefits (disability/pension/aid and attendance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Worker's Compensation Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	TOTAL	\$

PART III. ANNUAL EXPENSES

1. List all payments made for the care and maintenance of the Incapacitated Person during the **Report Period**.

Expense	To Whom Was It Paid?	Total for Report Period
Auto Insurance		\$
Cable/Satellite/Internet		\$
Child/Spousal Support/Alimony		\$
Clothing		\$
Condo/Co-op Assessments		\$
Debt (incurred prior to your appointment)		\$
Entertainment		\$
Fees/Costs Paid to Guardian		\$
Filing Fees		\$
Food		\$
Gifts - Personal or Charitable		\$
Home Health Care/Personal Aide		\$
Homeowners Insurance		\$
Home/Property Maintenance & Repair		\$
Income Taxes		\$
Legal Fees		\$
Life Insurance Premiums		\$
Medical Insurance Premiums		\$
Medical Expenses		\$
Medicine		\$
Mortgage		\$
Nursing Home/Assisted Living/Institutionalized Care		\$
Personal Expenses (including allowance)		\$
Phone/Cell Phone		\$
Real Estate Taxes		\$
Rent		\$
Utilities		\$
Other		\$
	TOTAL	\$

2. Does the Incapacitated Person have a credit card(s)? Yes No
 If **yes**, has it been used during this report period? Yes No
 What is the current balance on the credit card(s)? \$ _____

3. Was a gift or charitable expense recorded in this **Report Period**?

Yes - Complete the table below

No - Skip to Part IV, Question 1

Amount	Recipient	Court Order Obtained?	If yes, Court Order Date. If no, Explain
\$			
\$			
\$			
\$			

PART IV. COMPARING INCOME AND EXPENSES

1. Total Income (Part II, Question 1 TOTAL): \$ _____
2. Unspent Income from Previous Year (Part IV, Question 5 from Last Year's Report): \$ _____
3. Add lines 1 and 2 together to calculate this year's TOTAL INCOME: \$ _____
4. Total Expense (Part III, Question 1 TOTAL): \$ _____
5. Subtract line 4 from line 3.
 If amount is positive, enter it here to show UNSPENT INCOME, otherwise enter \$0: \$ _____
6. Subtract line 4 from line 3.
 If amount is negative, enter it here to show PRINCIPAL SPENT, otherwise enter \$0: \$ _____
7. Is line 6, PRINCIPAL SPENT, greater than \$0?
 Yes
 No

If **yes**, was a court order obtained?

Yes - Date of Court Order: _____

No - Explain why court approval was not obtained:

PART VII. ATTORNEY'S FEES

1. Were attorney's fees paid during the **Report Period**?

- Yes - Complete the table below
- No - Skip to Part VIII

Amount	Name of Counsel	Hourly Rate	# of Hours	Order Date or Reason Not Approved
\$		\$		
\$		\$		
\$		\$		

PART VIII. REPRESENTATIVE PAYEE

1a. Social Security Administration (SSA) Benefits (any type of SSA benefit)

- The Incapacitated Person does not receive SSA benefits.
- The Guardian acts as the representative payee. If you were required to provide a report to the SSA during this **Report Period**, please attach a copy.
- The Guardian is not the representative payee for SSA benefits. The payee is _____.

1b. Veterans Affairs (VA) Benefits

The Incapacitated Person does not receive VA benefits.

The Guardian acts as the fiduciary. If you were required to provide a report to the VA during this **Report Period**, please attach a copy.

- The Guardian is not the fiduciary for VA benefits. The fiduciary is _____.

PART IX. SURETY INFORMATION

1. Was a surety bond required?

Yes - In what amount \$ _____ - and then answer Questions a - b.

No - The court waived a surety bond, skip to Question 2.

a. Is the surety bond still in effect?

Yes

No - Provide an explanation as to why not.

b. Is the value of the estate at the end of the **Report Period** greater than the amount reported at the end of the prior report period?

Yes

No

If **yes**, has the amount of the surety bond been increased?

Yes. To what amount: \$ _____

No

2. If you are a professional guardian, agency or an attorney serving as guardian, do you have professional/guardian liability insurance that covers theft?

Yes - Answer Question a and b.

No - Skip to Part X.

N/A

a. Are the coverage limits greater than the assets (Part V, Question 3 TOTAL)?

Yes

No

b. Describe the deductible and any exclusions.

PART X. GUARDIAN INFORMATION

1. During this **Report Period**, did any guardian participate in guardianship training?

Yes

No

If yes, provide the following information:

Guardian Name	Dates of Training		Provider	Training Description
	Starting	Ending		

2. During this **Report Period**, have any judgments been filed against any guardian, or has any guardian filed for bankruptcy protection?

Yes - Please describe

No

Guardian Name

Description

3. During this **Report Period**, was any guardian charged with or convicted of a crime?

Yes - Please describe

No

Guardian Name

Description

4. Is there any reason any guardian cannot continue to serve as guardian?

Guardian Name

Description

PART XI. SUMMARY

1. If this is the first annual report, state the value of the assets reported on the Inventory. (Use amount from Part V, Question 1 of <i>this</i> Report.) (principal)	\$
2. If this is not the first annual report, state the Total Assets (principal) from the prior Report. (Use TOTAL amount from Part V, Question 3 of <i>prior</i> Report.)	\$
3. What was the total income received during the Report Period ? (Use the amount from Part IV, Question 3 of <i>this</i> Report.)	\$
4. What is the total amount of Expenses paid during the Report Period ? (Use the amount from Part III, Question 1 of <i>this</i> Report.)	\$
5. What are the Total Assets remaining at the end of the Report Period ? (Use the amount from Part V, Question 3 of <i>this</i> Annual Report.)	\$
6. What is the Unspent Income at the end of the Report Period ? (Use the amount from Part IV, Question 5 of <i>this</i> Report.)	\$

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.

I further acknowledge the Notice of Filing must be served within 10 days of the filing of this report pursuant to Pa.R.O.C.P. 14.8(b). Service shall be in accordance with Pa.R.O.C.P. 4.3.

Date

Signature of Guardian of the Estate

Name of Guardian of the Estate (type or print)

Address

City, State, Zip

Home Phone Number

Office Phone Number

Cell Phone Number

Email

Date

Signature of Co-Guardian of the Estate (if applicable)

Name of Co-Guardian of the Estate (type or print)

Address

City, State, Zip

Home Phone Number

Office Phone Number

Cell Phone Number

Email