

**DELAWARE COUNTY ORPHANS' COURT CHECKLIST – INCAPACITATED PERSON/  
MINOR**

Incapacitated Person's/Minor's Name (include any "A/K/A"):		
File No:	Audit No:	Audit Date:
Attorney:		Attorney Address:
Attorney ID No:		Attorney Telephone No.

**Accounts must be fastened securely at the top and the pages numbered consecutively at the bottom**

Accountant	Item	O/C Clerk	Auditor
	Account – Face Sheet <b>NOTE: Original and one copy of Account must be Filed</b>		
	Residence (Name of Township, Borough, City)		
	Account (Specify First, Interim, First and Final, etc.)		
	Account - Value of Gross Estate (Total of Principal and Income Receipts)		
	Account - Summary Sheet with proper pagination		
	Account – Composition of Net Balance of Principal		
	Account – Composition of Net Balance of Income		
	Account – Signed by <b>ALL</b> Fiduciaries stating the Account		
	Account –Affidavit or Verification in compliance with Rule 6.1H– Notarized for at least one fiduciary		
	Date Account Stated to (Date of Ward's death, attainment of majority by minor, etc.)		
	Petition for Adjudication and Statement of Proposed Distribution Signed by <b>ALL PETITIONERS</b>		
	Copy of Guardian's Inventory		
	Copy of Guardian's Appointment		
	Copy of Will/Codicil(s) (if applicable - Certified by attorney to be true and correct)		
	Copy of Notice of Audit		
	Affidavit of Service of Notice of Audit along with copy of Notice of Audit <b>MAY BE FILED AT AUDIT</b>		
	Attorney Entry of Appearance – <b>TO BE FILED AT AUDIT</b>		

**ALL OF THE ABOVE ITEMS MUST BE ORIGINALS, EXCEPT AS OTHERWISE INDICATED**