

**GUARDIANSHIP OF INCAPACITATED PERSON**

COURT OF COMMON PLEAS OF  
\_\_\_\_\_ COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION

ESTATE OF \_\_\_\_\_, AN INCAPACITATED PERSON  
ACCOUNT OF \_\_\_\_\_, GUARDIAN  
No. \_\_\_\_\_

**PETITION FOR ADJUDICATION /  
STATEMENT OF PROPOSED DISTRIBUTION  
PURSUANT TO Pa. O.C. Rule 6.9**

*This form may be used in all cases involving the Audit of the Account of a Guardian of the Estate of an incapacitated person. If space is insufficient, riders may be attached.*

***INCLUDE ATTACHMENTS AT THE BACK OF THIS FORM.***

Name of Counsel: \_\_\_\_\_

Supreme Court I.D. No.: \_\_\_\_\_

Name of Law Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Estate of \_\_\_\_\_, An Incapacitated Person

1. Name(s) and address(es) of Petitioner(s):

Petitioner:

Petitioner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

2. Date of Adjudication of Incapacity: \_\_\_\_\_

Date of Appointment as Guardian: \_\_\_\_\_

Attach copy(ies) of Decree(s).

3. A. Explain the reason for filing this Account (if incapacitated person has died, state date of death, name and address of personal representative and of his or her counsel and attach a Short Certificate if available. If incapacitated person has been adjudged to have regained capacity, state date of Decree. If Account is filed for any other reason, state address of incapacitated person):

B. Have prior accountings been filed? .....  Yes  No

If yes, state accounting periods and dates of adjudication.

4. Describe in detail any questions requiring adjudication and state the position of the Petitioner(s) as to each question:

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5. Written Notice of the Audit as required by Pa. O.C. Rules 6.3, 6.7 and 6.8 has been or will be given to all parties in interest listed in item 6 below. In addition, notice of any questions requiring adjudication as discussed in item 4 above has been or will be given to all persons affected thereby.
  - A. If Notice has been given, attach a copy of the Notice as well as a list of the names and addresses of the parties receiving such Notice.
  - B. If Notice is yet to be given, a copy of the Notice as well as a list of the names and addresses of the parties receiving such Notice shall be submitted at the Audit together with a statement executed by a Petitioner or counsel certifying that such Notice has been given.
  - C. If any such party in interest is not *sui juris* (e.g., minors or incapacitated persons), Notice of the Audit has been or will be given to the appropriate representative on such party's behalf as required by Pa. O.C. Rule 5.2.
  
6. List all parties of whom Petitioner(s) has/have notice or knowledge, having or claiming any interest in the estate, including the incapacitated person's heirs at law. This list shall:
  - A. State each party's relationship to the incapacitated person and the nature of each party's interest(s):

<i>Name and Address of Each Party in Interest</i>	<i>Relationship and Comments, if any</i>	<i>Interest</i>

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- B. Identify each party who is not *sui juris* (e.g., minors or incapacitated persons).  
For each such party, give date of birth, the name of each Guardian and how each Guardian was appointed. If no Guardian has been appointed, identify the next of kin of such party, giving the name, address and relationship of each.

- 7. Is the Court being asked to direct  
the filing of a Schedule of Distribution? .....  Yes  No

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Wherefore, your Petitioner(s) ask(s) that distribution be awarded to the parties entitled and suggests that the distributive shares of income and principal (residuary shares being stated in proportions, not amounts) are as follows:

A. Income:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>
_____	_____
_____	_____

B. Principal:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>
_____	_____
_____	_____

Submitted By:  
*(All petitioners must sign.  
Add additional lines if necessary):*

\_\_\_\_\_  
Name of Petitioner:

\_\_\_\_\_  
Name of Petitioner:

Estate of \_\_\_\_\_, An Incapacitated Person

**Verification of Petitioner**  
(Verification must be by **at least one** petitioner.)

The undersigned hereby verifies \* [that *he/she* \_\_\_\_\_ is *title* \_\_\_\_\_ of the above-named *name of corporation* \_\_\_\_\_ and] that the facts set forth in the foregoing Petition for Adjudication / Statement of Proposed Distribution 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).

\_\_\_\_\_  
Signature of Petitioner

*\* Corporate petitioners must complete bracketed information.*

**Certification of Counsel**

The undersigned counsel hereby certifies that the foregoing Petition for Adjudication / Statement of Proposed Distribution is a true and accurate reproduction of the form Petition authorized by the Supreme Court, and that no changes to the form have been made beyond the responses herein.

\_\_\_\_\_  
Signature of Counsel for Petitioner