

IN THE COURT OF COMMON PLEAS MONTGOMERY COUNTY,  
PENNSYLVANIA ORPHANS' COURT DIVISION

20 -X

ESTATE OF [ ],  
AN ALLEGED INCAPACITATED PERSON

**PETITION FOR ADJUDICATION OF INCAPACITY  
AND APPOINTMENT OF EMERGENCY AND PLENARY  
GUARDIANS OF THE PERSON AND ESTATE**  
(Pursuant to 20 PA C.S.A. §5511 and §5513)

I, \_\_\_\_\_, ("*Petitioner*"), petition the Court to appoint Emergency and Plenary Permanent Guardian(s) of the Person and Estate of \_\_\_\_\_, the "*Alleged Incapacitated Person.*"

1. I am a person interested in the welfare of the Alleged Incapacitated Person.
2. The Alleged Incapacitated Person currently resides at \_\_\_\_\_  
(*address*) and has a mailing address (*if different*) of \_\_\_\_\_  
Because the Alleged Incapacitated Person resides in Montgomery County, Pennsylvania, this Court has jurisdiction pursuant to 20 PA C.S.A. §5512(a).
3. The birthdate of the Alleged Incapacitated Person is: \_\_\_\_\_
4. The Alleged Incapacitated Person has the following spouse, parents, adult children and other adult heirs: (*list name and address of each known heir; write "none" or "unknown" if appropriate*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. The following residential care facility or other services providers are currently providing services to the Alleged Incapacitated Person:  
\_\_\_\_\_  
\_\_\_\_\_
6. The Alleged Incapacitated Person's Income and Assets are as follows:  
(*list all known property, such as a residence, bank accounts, investment accounts as well as all known income including Social Security, etc., along with value of each*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. The Alleged Incapacitated Person's longtime physician is Dr. \_\_\_\_\_  
(*name, address and phone*).
8. CHECK the appropriate paragraphs:  
I am unaware of any Powers of Attorney, Health Care Powers of Attorney or Advance Health Care Directives which have been executed by the Alleged Incapacitated Person.  
The Alleged Incapacitated Person signed a Power of Attorney on the filing date \_\_\_\_\_ (*date*)  
naming as agent \_\_\_\_\_ . A copy is attached as Exhibit \_\_\_\_\_ .  
The Alleged Incapacitated Person signed a Health Care Power of Attorney on \_\_\_\_\_ (*date*)  
naming as agent \_\_\_\_\_ . A copy is attached as Exhibit \_\_\_\_\_ .  
The Alleged Incapacitated Person signed a Health Care Directive and/or Living Will on \_\_\_\_\_ (*date*)  
A copy is attached as Exhibit \_\_\_\_\_ .
9. The Alleged Incapacitated Person has been diagnosed with (*insert conditions as diagnosed by a physician*):  
\_\_\_\_\_  
and as a result s/he requires (*insert type of care or assistance required or nature of impairment*):  
\_\_\_\_\_

10. As a result of the conditions mentioned in Paragraph 9 above, the Alleged Incapacitated Person is unable to attend to or participate in the following activities and responsibilities:
  
11. Because of the conditions mentioned in Paragraph 9 above, the Alleged Incapacitated Person is unable to manage his/her financial affairs and is unable to make and communicate any decisions relating to those affairs and appointment of a Plenary Permanent Guardian of the Estate is necessary.
12. Because of the conditions mentioned in Paragraph 9 above, the Alleged Incapacitated Person is unable to make or communicate decisions concerning his/her person, residence, or medical care and appointment of a Plenary Permanent Guardian of the Person is necessary.
13. I have taken the following steps to consider alternatives to Guardianship:  
  

However, the condition of the Alleged Incapacitated Person requires Plenary Guardianships for both his/her Person and Estate and no less restrictive alternative is available or adequate.
14. The severity of his/her condition requires that an Emergency Guardian be appointed to manage the Alleged Incapacitated Person's Estate and that an Emergency Guardian of his/her person be appointed to make medical and residential decisions.
15. An Emergency Guardian should be appointed because if no one is appointed the Alleged Incapacitated Person is likely to suffer irreparable injury to his/her person and/or his/her property. The reason an Emergency Guardian is needed is *(fill in reasons emergency action is needed)*:
  
16. The Proposed Emergency and Plenary Guardian of the Person is *(name and address of guardian)*:
  
17. The Proposed Emergency and Plenary Guardian of the Estate is *(name and address of guardian)*:
  
18. The Proposed Guardian(s) has/have no interests in conflict with the alleged incapacitated and agreed to become the Guardian if the Court approves.
19. No Court has ever assumed jurisdiction in any proceeding to determine the capacity of the Alleged Incapacitated Person and no person has previously been appointed Guardian of the Estate or Person of the Alleged Incapacitated Person.

WHEREFORE, Petitioner respectfully requests this Honorable Court issue a Citation directed to *(name)*, \_\_\_\_\_, the Alleged Incapacitated Person, to demonstrate whether or not he/she should be adjudged to be a totally Incapacitated Person and have Emergency and Plenary Guardians appointed, and whether *(name of Proposed Guardian(s))* should be appointed Emergency and Plenary Permanent Guardian of his/her Person and Estate.

Respectfully submitted,

\_\_\_\_\_  
*Signature of Petitioner or Attorney*

Name:

Address:

Telephone Number:

Email Address:

## VERIFICATION

(Please choose one paragraph and cross out the other)

I, [REDACTED], verify that I am the Petitioner filing this Petition, or an authorized representative of the Petitioner, familiar with the facts alleged in the Petition, and that the facts alleged are true and correct to the best of my knowledge and belief. I make this statement subject to the penalties of 18 PA C.S.A. §4904 relating to unsworn falsification to authorities.

I, [REDACTED], verify that I am not the Petitioner filing this Petition, but that I am familiar with the facts alleged in the Petition, and that the facts alleged are true and correct to the best of my knowledge and belief. The Petitioner is unavailable to sign this Verification because:

[REDACTED]

I make these statements subject to the penalties of 18 PA C.S.A. §4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
*Signature of Petitioner or Attorney*

Name: