

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

20 -X

ESTATE OF [],
AN ALLEGED INCAPACITATED PERSON

PETITION FOR APPROVAL OF COUNSEL OR MEDICAL FEES

I, _____, hereby request that the Court approve the following professional fees to be paid by the Controller of Montgomery County with respect to services provided for _____, the Incapacitated Person.

1. The following professional services were provided to the Incapacitated Person: *(check one or both)*

_____ was appointed by the Court as counsel to represent the above person.

_____ was appointed by the Court to conduct an independent medical evaluation of the Incapacitated Person.

2. A statement reflecting the time expended for the services and the amount of charges above is attached hereto as Exhibit A.

3. The incapacitated person is without funds to pay for the professional services described above. An inventory of the Incapacitated Person's Assets and Income was filed on _____ *(date)*.

4. I request payment of the following amount(s) to the following professional(s):

\$ _____ Payee:

\$ _____ Payee:

5. I am sending a copy of this Petition for payment of professional fees to the following interested parties, including the Guardian of the Person, the Guardian of the Estate: *(insert names and addresses of parties served)*

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:

Address:

Telephone Number:

Email Address:

Date: