

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

20 -X

ESTATE OF [ \_\_\_\_\_ ],  
AN ALLEGED INCAPACITATED PERSON

**PETITION FOR A REVIEW HEARING**

(Pursuant to 20 PA C.S.A. §5512.2)

I, \_\_\_\_\_, ("*Petitioner*"), hereby request that the Court schedule a review hearing concerning \_\_\_\_\_, who was adjudged to be an Incapacitated Person by Final Decree dated \_\_\_\_\_. My relationship to the Incapacitated Person is as follows:

- Self
- Court-Appointed Guardian
- Relative (*state relationship*)
- Other (*state relationship*)

I asked for this review hearing because (*check all that apply*):

There has been a significant change in the capacity of \_\_\_\_\_ (*name of Incapacitated Person*). The nature of the change is as follows:

\_\_\_\_\_ no longer requires the appointment of Plenary Permanent Guardians of his/her Person and Estate, because:

The Guardian of the Person or Estate appointed by this Court has failed to perform his/her duties or has failed to act in the best interests of the Incapacitated Person. Specifically, the Guardian of the Person or Estate has failed in his/her duties by taking or failing to take the following actions:

I am sending a copy of this Petition for a review hearing to the following interested parties, including the Guardian of the Person, the Guardian of the Estate:

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

\_\_\_\_\_  
*Signature*

Name:

Address:

Telephone Number:

Email Address:

Date: