

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

No. 20 ____-X_____

**ESTATE OF _____
AN INCAPACITATED PERSON**

**EMERGENCY PETITION FOR CONFIRMATION OF AUTHORITY OF
GUARDIAN OF THE PERSON TO MAKE END-OF-LIFE DECISIONS**

_____, Petitioner, hereby requests that _____, Guardian of the person of _____, be granted the authority to make end- of- life decisions for the incapacitated person. Petitioner's relationship to the incapacitated person is as follows:

- ___ Court-Appointed Guardian.
- ___ Relative – state relationship: _____.
- ___ Other – state relationship: _____.

1. _____ was adjudged to be an incapacitated person by Final Decree dated _____.
2. _____ was appointed as Plenary Permanent Guardian of the Person/Limited Guardian of the Person of _____ under the Final Decree/an Amended Final Decree dated _____.
3. A treating physician has determined that the incapacitated person is in an end-stage medical condition (or is permanently unconscious) as a result of the following medical condition(s):
_____.
4. A copy of a written statement of the treating physician, describing the diagnosis and prognosis of the incapacitated person, and confirming that he/she is in an end-stage medical condition or is permanently unconscious, is attached hereto as **Exhibit A**.
5. Check one:
___ The following counsel was appointed by the Court to represent the incapacitated person and has been notified electronically of this petition:

___ No counsel has been appointed to represent the incapacitated person.

6. Attached as **Exhibit B** is a list of the names and addresses of the family members and presumptive intestate heirs of the incapacitated person. All for whom the Guardian of the Person has a mailing address, email address or telephone number have been notified of this petition, and the Petitioner represents that he/she has made diligent efforts to identify all relatives and to obtain their addresses, email addresses and telephone numbers, including by asking all medical providers and residential facilities for information about any family members or visitors.

7. A certificate of service of this petition shall be filed contemporaneously with this petition, indicating the method of service (which may include email) upon all individuals identified in **Exhibit B**.

8. The Petitioner has consulted or attempted to reach family members listed on **Exhibit B**. On **Exhibit C** the petitioner has indicated whether the family member consents to the relief requested; opposes the relief requested; or did not respond or could not be reached.

9. No health care power of attorney, living will, health care declaration or POLST was signed by the incapacitated person, except the following documents executed on the following date: _____; a copy or copies of any such document(s) are attached hereto as composite **Exhibit D**.

10. The Petitioner requests a finding by a Judge of the Orphans' Court that the incapacitated person is in an end-stage medical condition, or is permanently unconscious, and the entry of an order confirming that the Guardian of the Person has the authority to make all end-of-life decisions, including entry on the chart of the incapacitated person of a Do Not Resuscitate Order, a Do Not Intubate Order, a Do Not Hospitalize Order, and election of hospice care benefits and consent to palliative care services.

Wherefore, Petitioner requests that the Court make a finding that the incapacitated person is in an end-stage medical condition or permanently unconscious, and enter an order confirming that the Guardian of the Person is authorized to make end-of-life medical decisions.

Date: _____

Signature: _____

Name (printed): _____

Address _____

Phone: _____

Email: _____

VERIFICATION BY PETITIONER

I certify that the above statements are true and correct to the best of my knowledge and are made subject to the penalties of 18 PA.C.S.A. § 4904 relating to unsworn falsification to authorities.

Date: _____

Signature: _____

Name (printed): _____

Address _____

Phone: _____