

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

**REPORT OF GUARDIAN OF THE ESTATE**

Estate of: \_\_\_\_\_, an Incapacitated Person  
*Name of Incapacitated Person*

Case File No: \_\_\_\_\_

DATE COURT APPOINTED YOU AS GUARDIAN: \_\_\_\_\_

**PART I. INTRODUCTION**

1. Name(s) of Guardian(s): \_\_\_\_\_

2. Is this a limited Guardianship?

Yes

No

3. Report Period

This is the **Report** for the period from \_\_\_\_\_ to \_\_\_\_\_  
(the "**Report Period**"); or

This is the **Final Report** for the period from \_\_\_\_\_ to \_\_\_\_\_  
(the "**Report Period**") and is filed for the following reason:

The death of the Incapacitated Person.

Date of Death: \_\_\_\_\_

Name of Executor/Administrator: \_\_\_\_\_

The Guardian was discharged by a court order dated: \_\_\_\_\_

Order for Adjudication of Capacity dated: \_\_\_\_\_

Limited Duration Order Expired, dated: \_\_\_\_\_

Transfer of Guardianship to: \_\_\_\_\_

Date of court order approving transfer: \_\_\_\_\_

**PART II. INCOME**

1. List all sources of income received during the **Report Period**:

Did the Incapacitated Person receive any of the following?		Amount During Report Period
Alimony or Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuity Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Interest Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
IRA Distributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Long Term Care Insurance Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pension/Retirement Benefits (for example: 401(k), 403(b), etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Rental Property Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Royalties (including from mineral and land rights)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security Benefits (Retirement, Disability, SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Tax Refund	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trust Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Veterans Benefits (disability/pension/aid and attendance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Worker's Compensation Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<b>TOTAL</b>	\$

**PART III. ANNUAL EXPENSES**

1. List all payments made for the care and maintenance of the Incapacitated Person during the **Report Period**.

Expense	To Whom Was It Paid?	Total for Report Period
Auto Insurance		\$
Cable/Satellite/Internet		\$
Child/Spousal Support/Alimony		\$
Clothing		\$
Condo/Co-op Assessments		\$
Debt (incurred prior to your appointment)		\$
Entertainment		\$
Fees/Costs Paid to Guardian		\$
Food		\$
Gifts - Personal or Charitable		\$
Home Health Care/Personal Aide		\$
Homeowners Insurance		\$
Home/Property Maintenance & Repair		\$
Income Taxes		\$
Life Insurance Premiums		\$
Medical Insurance Premiums		\$
Medical Expenses		\$
Medicine		\$
Mortgage		\$
Nursing Home/Assisted Living/Institutionalized Care		\$
Personal Expenses (including allowance)		\$
Phone/Cell Phone		\$
Real Estate Taxes		\$
Rent		\$
Utilities		\$
Other		\$
	<b>TOTAL</b>	\$

2. Does the Incapacitated Person have a credit card(s)?  Yes  No  
 If yes, has it been used during this report period?  Yes  No  
 What is the current balance on the credit card(s)? \$ \_\_\_\_\_

**PART IV. COMPARING INCOME AND EXPENSES**

1. Total Income (Part II, Question 1 TOTAL): \$ \_\_\_\_\_  
 2. Unspent Income from Previous Year (Part IV, Question 5 from Last Year's Report): \$ \_\_\_\_\_  
 3. Add lines 1 and 2 together to calculate this year's TOTAL INCOME: \$ \_\_\_\_\_  
 4. Total Expense (Part III, Question 1 TOTAL): \$ \_\_\_\_\_  
 5. Subtract line 4 from line 3.  
 If amount is positive, enter it here to show UNSPENT INCOME, otherwise enter \$0: \$ \_\_\_\_\_  
 6. Subtract line 4 from line 3.  
 If amount is negative, enter it here to show PRINCIPAL SPENT, otherwise enter \$0: \$ \_\_\_\_\_  
 7. Is line 6, PRINCIPAL SPENT, greater than \$0?  
 Yes  
 No

If yes, was a court order obtained?

Yes - Date of Court Order: \_\_\_\_\_

No - Explain why court approval was not obtained:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART V. ASSETS**

1. What was the value of the assets reported on the Inventory? \$ \_\_\_\_\_  
 2. List any additional assets received during the **Report Period**? (for example: gifts, inheritance, burial account, lawsuit recovery, etc.) Any currently held asset not previously reported must be reported regardless of when the asset was obtained.

Description/Source	Value at the end of Report Period
	\$
	\$
	\$
	\$
<b>TOTAL</b>	\$

3. Where are all the assets deposited or held at the end of the **Report Period**?

List of Assets: Type and Location	Co-Owners	Value at the end of Report Period
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL</b>		\$

4. Does the incapacitated person own a house/condo/co-op?  
(If yes, please make sure the property is listed under assets.)

Yes - Answer Questions a - e       No

a. Address of property: \_\_\_\_\_

b. Does the Incapacitated Person live in the house/condo/co-op?       Yes     No

c. If purchased during the **Report Period**, what was the purchase price?      \$ \_\_\_\_\_

d. If real property was sold during the **Report Period**, what was the sale price?      \$ \_\_\_\_\_

e. Was a court order obtained if property was purchased or sold?

Yes - Date of Court Order: \_\_\_\_\_

No - Explain why court approval was not obtained:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. List any assets transferred to a third party such as a spouse or child.

Asset	Transferred To	Relationship to IP	Amount	Order Date	Explanation
			\$		
			\$		
			\$		

**PART VI. GUARDIAN'S COMPENSATION**

1. Did the Guardian receive compensation during the **Report Period**?

Yes - Complete the table below       No - Skip to Question 3

Amount	Guardian Name	Is Amount Based on Hourly, Monthly or Annual Fee?	If Hourly, # of Hours
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			

2. Was the compensation approved by the court?

Yes - Date of Court Order: \_\_\_\_\_

No - Explain why court approval was not obtained:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you maintained a log of your activities as guardian?

Yes - Attach a copy       No

**PART VII. ATTORNEY'S FEES**

1. Were attorney's fees paid during the **Report Period**?

Yes - Complete the table below       No - Skip to Part VIII

Amount	Name of Counsel	Hourly Rate	# of Hours	Order Date or Reason Not Approved
\$		\$		
\$		\$		
\$		\$		

**PART VIII. REPRESENTATIVE PAYEE**

1a. Social Security Administration (SSA) Benefits

- The Incapacitated Person does not receive SSA benefits.
- The Guardian acts as the representative payee. If you were required to provide a report to the SSA during this **Report Period**, please attach a copy.
- The Guardian is not the representative payee for SSA benefits. The payee is \_\_\_\_\_.

1b. Veterans Administration (VA) Benefits

- The Incapacitated Person does not receive VA benefits.
- The Guardian acts as the fiduciary. If you were required to provide a report to the VA during this **Report Period**, please attach a copy.
- The Guardian is not the fiduciary for VA benefits. The fiduciary is \_\_\_\_\_.

**PART IX. SURETY INFORMATION**

1. Was a surety bond required?

- Yes - In what amount \$ \_\_\_\_\_ - and then answer Questions a - b.
- No - The court waived a surety bond, skip to Question 2.

a. Is the surety bond still in effect?

- Yes
- No - Provide an explanation as to why not.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Is the value of the estate at the end of the **Report Period** greater than the amount reported at the end of the prior report period?

- Yes
- No

If yes, has the amount of the surety bond been increased?

- Yes. To what amount: \$ \_\_\_\_\_
- No

2. If you are a professional guardian, agency or an attorney serving as guardian, do you have professional/guardian liability insurance that covers theft?

- Yes - Answer Question a and b.
- No - Skip to Part X.
- N/A

a. Are the coverage limits greater than the assets (Part V, Question 3 TOTAL)?

- Yes
- No

b. Describe the deductible and any exclusions.

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**PART X. GUARDIAN INFORMATION**

1. During this **Report Period**, did any guardian participate in guardianship training?

- Yes
- No

If yes, provide the following information:

Guardian Name	Dates of Training		Provider	Training Description
	Starting	Ending		

2. During this **Report Period**, have any judgments been filed against any guardian, or has any guardian filed for bankruptcy protection?

- Yes - Please describe
- No

<i>Guardian Name</i>	<i>Description</i>
_____	_____
_____	_____

3. During this **Report Period**, was any guardian charged with or convicted of a crime?

- Yes - Please describe
- No

<i>Guardian Name</i>	<i>Description</i>
_____	_____
_____	_____



4. Is there any reason any guardian cannot continue to serve as guardian?

*Guardian Name*

*Description*


**PART XI. SUMMARY**

1. If this is the first annual report, state the value of the assets reported on the Inventory. (Use amount from Part V, Question 1 of <i>this</i> Report.) (principal)	\$
2. If this is not the first annual report, state the Total Assets (principal) from the prior Report. (Use TOTAL amount from Part V, Question 3 of <i>prior</i> Report.)	\$
3. What was the total income received during the <b>Report Period</b> ? (Use the amount from Part IV, Question 3 of <i>this</i> Report.)	\$
4. What is the total amount of Expenses paid during the <b>Report Period</b> ? (Use the amount from Part III, Question 1 of <i>this</i> Report.)	\$
5. What are the Total Assets remaining at the end of the <b>Report Period</b> ? (Use the amount from Part V, Question 3 of <i>this</i> Annual Report.)	\$
6. What is the Unspent Income at the end of the <b>Report Period</b> ? (Use the amount from Part IV, Question 5 of <i>this</i> Report.)	\$

I verify that the foregoing information is correct to the best of my knowledge, information and belief; and that this verification is subject to the penalties of 18 Pa.C.S. §4904 relative to unsworn falsification to authorities.

I further acknowledge the Notice of Filing must be served within 10 days of the filing of this report pursuant to Pa.R.O.C.P. 14.8(b). Service shall be in accordance with Pa.R.O.C.P. 4.3.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Guardian of the Estate*

\_\_\_\_\_  
*Name of Guardian of the Estate (type or print)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Home Phone Number*

\_\_\_\_\_  
*Office Phone Number*

\_\_\_\_\_  
*Cell Phone Number*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Co-Guardian of the Estate (if applicable)*

\_\_\_\_\_  
*Name of Co-Guardian of the Estate (type or print)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Home Phone Number*

\_\_\_\_\_  
*Office Phone Number*

\_\_\_\_\_  
*Cell Phone Number*

\_\_\_\_\_  
*Email*