

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 Guardianship was terminated by a court order 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
<b>Alimony or Support</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Annuity Payments</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Dividends</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Interest Income</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>IRA Distributions</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Long Term Care Insurance Benefits</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pension/Retirement Benefits (for example: 401(k), 403(b), etc.)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Public Assistance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Rental Property Income</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Royalties (including from mineral and land rights)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Social Security Benefits (Retirement, Disability, SSDI)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Tax Refund</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Trust Income</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Veterans Benefits (disability/pension/aid and attendance)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Wages</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Worker's Compensation Benefits</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Other</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>TOTAL</b>	\$ 0.00

**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>	\$ 0.00

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): \$ 0.00
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: \$ 0.00
4. Total Expense (Part III, Question 1 TOTAL): \$ 0.00
5. Subtract line 4 from line 3.  
 If amount is positive, enter it here to show UNSPENT INCOME, otherwise enter \$0: \$ 0.00
6. Subtract line 4 from line 3.  
 If amount is negative, enter it here to show PRINCIPAL SPENT, otherwise enter \$0: \$ 0.00
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.)

Description/Source	Value at the end of Report Period
<b>TOTAL</b>	\$ 0.00

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>		\$ 0.00

4. Does the incapacitated person own a house/condo/co-op?

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 or Reason Not Approved

**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?

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 - attach a copy of the report provided to the SSA during this **Report Period**.

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 representative payee - attach a copy of the report provided to the VA during this **Report Period**.
- The Guardian is not the representative payee for VA benefits. The payee 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.

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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)?

- 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  
*Guardian Name*                      *Description*

\_\_\_\_\_

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

- Yes - Please describe  No  
*Guardian Name*                      *Description*

\_\_\_\_\_

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

- Yes - Please describe  No  
*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.)	\$ 0.00
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.)	\$ 0.00
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.)	\$ 0.00
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.)	\$ 0.00

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.

Effective June 1, 2019, I further acknowledge the Notice of Filing must be served within 10 days of the filing of this report pursuant to Pa. O.C. Rule 14.8(b).

\_\_\_\_\_  
*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*

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

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

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

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

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

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