

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 |
|--|--|-----------------------------|
| <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, SSI)</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>   | \$                          |

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

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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 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

*Guardian Name*

*Description*

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

Yes - Please describe

No

*Guardian Name*

*Description*

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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.<br>(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.<br>(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> ?<br>(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> ?<br>(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> ?<br>(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> ?<br>(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*