

GUARDIANSHIP OF INCAPACITATED PERSON

COURT OF COMMON PLEAS OF
BUCKS COUNTY ORPHANS' COURT DIVISION

ESTATE OF _____, AN INCAPACITATED PERSON
ACCOUNT OF _____, GUARDIAN
No. _____

**PETITION FOR ADJUDICATION /
STATEMENT OF PROPOSED DISTRIBUTION
PURSUANT TO Pa. O.C. Rule 2.4**

This form shall be used in all cases involving the Audit or Confirmation of the Account of a Guardian of the Estate of an incapacitated person. If space is insufficient, riders may be attached. Attach the papers required under items 2, 3, and 5, as applicable, and any additional decree or instrument pertinent to the adjudication.

INCLUDE ATTACHMENTS AT THE BACK OF THIS FORM.

Name of Counsel: _____
Supreme Court I.D. No.: _____
Name of Law Firm: _____
Address: _____

Telephone: _____
Fax: _____
Email: _____

Estate of _____, An Incapacitated Person

1. Name(s) and address(es) of Petitioner(s):

	Petitioner:	Petitioner:
<i>Name:</i>	_____	_____
<i>Address:</i>	_____	_____
	_____	_____

Identify any Guardians of the Estate who have not joined in the Petition for Adjudication/ Statement of Proposed Distribution and/or the Account and state reason:

2. Judicial District or County issuing Adjudication of Incapacity: _____

Date of Adjudication of Incapacity: _____

Date of Appointment as Guardian: _____

Attach copy(ies) of Decree(s).

3. A. Explain the reason for filing this Account (if incapacitated person has died, state date of death, name and address of personal representative and of his or her counsel and attach a Short Certificate if available. If incapacitated person has been adjudged to have regained capacity, state date of Decree and attach a copy. If Account is filed for any other reason, state address of incapacitated person):

B. Is this the first accounting for this estate? Yes No

If not, identify prior accountings, the accounting periods covered, and the dates of adjudication of the prior accountings.

4. A. Identify each unpaid claim against the incapacitated person or the incapacitated person's estate and describe each in detail (*if none, so state*):

Estate of _____, An Incapacitated Person

- B. Describe in detail any questions requiring adjudication and state the position of the Petitioner(s) as to each question:

- C. If guardian or attorney fees are being claimed, state amount and the period covered for the requested fees:

- 5. Written Notice of the Account's filing as required by Pa. O.C. Rule 2.5 has been or will be given to all interested parties listed in item 6 below. In addition, notice of any known unpaid claim not admitted, all questions requiring adjudication and any requested fees as discussed in item 4 above has been or will be given to all persons affected thereby.
 - A. If Notice has been given, attach a copy of the Notice as well as a list of the names and addresses of the parties receiving such Notice.
 - B. If Notice is yet to be given, a copy of the Notice as well as a list of the names and addresses of the parties receiving such Notice shall be submitted at the Audit or filed before the date of the last day for filing objections in counties without separate Orphans' Court Divisions together with a statement executed by a Petitioner or counsel certifying that such Notice has been given.
 - C. If any such interested party is not *sui juris* (e.g., minors or incapacitated persons), Notice of the Account's filing has been or will be given to the appropriate representative on such party's behalf as required by Pa. O.C. Rule 4.2.

Estate of _____, An Incapacitated Person

6. List all parties of whom Petitioner(s) has/have notice or knowledge, having or claiming any interest in the estate, including the incapacitated person's heirs at law. This list shall:

A. State each party's relationship to the incapacitated person and the nature of each party's interest(s):

<i>Name and Address of Each Interested Party</i>	<i>Relationship and Comments, if any</i>	<i>Interest</i>

B. Identify each party who is not *sui juris* (e.g., minors or incapacitated persons).

For each such party, give date of birth, the name of each Guardian and how each Guardian was appointed. If no Guardian has been appointed, identify the next of kin of such party, giving the name, address and relationship of each.

C. State why a Petition for Guardian/Trustee *Ad Litem* has or has not been filed (see Pa. O.C. Rule 5.5).

7. If prescribed by local rule as permitted by Pa. O.C. Rule 2.9, is the Court being asked to direct the filing of a Schedule of Distribution? Yes No

Estate of _____, An Incapacitated Person

Wherefore, your Petitioner(s) ask(s) that distribution be awarded to the parties entitled and suggest(s) that the distributive shares of income and principal (residuary shares being stated in proportions, not amounts) are as follows:

A. Income:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>
_____	_____
_____	_____

B. Principal:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>
_____	_____
_____	_____

Submitted By:
(All petitioners must sign. Place additional signatures on attachment if necessary):

Corporate Fiduciary (if applicable)

Name of Corporate Fiduciary

Name of Petitioner

Name of Representative and Title

Signature of Petitioner

Signature of Officer/Representative

Name of Petitioner

Signature of Petitioner

Estate of _____, An Incapacitated Person

(Verification must be by **at least one** petitioner.)

Verification for Individual Petitioner

The undersigned hereby verifies that the averment of facts set forth in the foregoing Petition for Adjudication/Statement of Proposed Distribution which are within the personal knowledge of the Petitioner are true, and as to facts based on the information of others, the Petitioner, after diligent inquiry, believes them to be true; and that any false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Date

Signature of Petitioner

Verification for Corporate Petitioner

The undersigned hereby verifies that *he/she* _____ is *title* _____ of the above-named *name of corporation* _____ and that the averment of facts set forth in the foregoing Petition for Adjudication/Statement of Proposed Distribution which are within the personal knowledge of the Petitioner are true, and as to facts based on the information of others, the Petitioner, after diligent inquiry, believes them to be true; and that any false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Date

Signature of Representative for Corporate Petitioner

Certification of Counsel

The undersigned counsel hereby certifies that the foregoing Petition for Adjudication/Statement of Proposed Distribution is a true and accurate reproduction of the form Petition authorized by the Supreme Court, and that no changes to the form have been made beyond the responses herein.

Date

Signature of Counsel for Petitioner