## **GUARDIANSHIP OF INCAPACITATED PERSON**

## COURT OF COMMON PLEAS OF

## 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:				

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Estate	e of		, An Incapacitated Person
1.	Name(	(s) and address(es) of Petitioner(s):  Petitioner:	Petitioner:
	Address:		
		fy any Guardians of the Estate who ha nent of Proposed Distribution and/or t	ve not joined in the Petition for Adjudication/ the Account and state reason:
2.	Judici	al District or County issuing Adjudica	tion of Incapacity:
	Date o	f Adjudication of Incapacity: f Appointment as Guardian: 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 estated. If not, identify prior accountings, the adjudication of the prior accountings.	accounting periods covered, and the dates of
4.		entify each unpaid claim against the in tate and describe each in detail (if none	capacitated person or the incapacitated person's

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Petitioner(s) as to each question:

for the requested fees:

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

- 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.

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Estate of _		, Ar	n Incapacitated Person
	t all parties of whom Petitioner(s) has/ interest in the estate, including the inc	<u> </u>	
	A. State each party's relationship to the incapacitated person and the nature of each party's interest(s):		
	Name and Address of Each Interested Party	Relationship and Comments, if any	Interest
	·		
	B. Identify each party who is not <i>sui j</i> For each such party, give date of b Guardian was appointed. If no Gu of such party, giving the name, add	irth, the name of each Guar ardian has been appointed,	rdian and how each identify the next of kin

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

C. State why a Petition for Guardian/Trustee Ad Litem has or has not been filed

(see Pa. O.C. Rule 5.5).

Estate of _		, An Incapacitated Person
and sugge		ok(s) that distribution be awarded to the parties entitled es of income and principal (residuary shares being stated ows:
A.	Income:	
	Proposed Distributee(s)	Amount/Proportion
D	Dain ain al.	
В.	Principal:  Proposed Distributee(s)	Amount/Proportion
		Submitted By:  (All petitioners must sign. Place additional signatures on attachment if necessary):
Corporate Fiducia	ry (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

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Estate of	, An Incapacitated Person
(Verification	n must be by at least one petitioner.)
Verifica	ation for Individual Petitioner
for Adjudication/Statement of Propo of the Petitioner are true, and as to after diligent inquiry, believes the	the averment of facts set forth in the foregoing Petition osed Distribution which are within the personal knowledge of facts based on the information of others, the Petitioner, them to be true; and that any false statements herein are 18 Pa.C.S. § 4904 (relating to unsworn falsification to
Date	Signature of Petitioner
The undersigned hereby verifies the of the above-named name of corporation and that the averment of facts set of Proposed Distribution which are was to facts based on the information	ration for Corporate Petitioner  at he/she is title  Forth in the foregoing Petition for Adjudication/Statement of rithin the personal knowledge of the Petitioner are true, and on of others, the Petitioner, after diligent inquiry, believes a statements herein are made subject to the penalties of 18 in falsification to authorities).
Date	Signature of Representative for Corporate Petitione
The undersigned counsel hereby Statement of Proposed Distribution	Certification of Counsel  certifies that the foregoing Petition for Adjudication/ is a true and accurate reproduction of the form Petition and that no changes to the form have been made beyond the
Date	Signature of Counsel for Petitioner

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