

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: \_\_\_\_\_

3. Where is the incapacitated Person physically living?

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

5. Nature of Residence of the Incapacitated Person (Select One)

☐ Incapacitated Person's home ( ☐ with part-time home health care aide *or* ☐ 24/7 assistance)

☐ Your home

☐ Relative's home

Relative's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

☐ Domiciliary Care

Facility Name: \_\_\_\_\_

Is this a Memory Support Facility? ☐ Yes ☐ No

☐ Personal Care Boarding Home

Facility Name: \_\_\_\_\_

Is this a Memory Support Facility? ☐ Yes ☐ No

☐ Group Home

Facility Name: \_\_\_\_\_

Is this a Memory Support Facility? ☐ Yes ☐ No

☐ Assisted Living Facility

Facility Name: \_\_\_\_\_

Is this a Memory Support Facility? ☐ Yes ☐ No

☐ Nursing Home Facility

Facility Name: \_\_\_\_\_

Is this a Memory Support Facility? ☐ Yes ☐ No

☐ Other: \_\_\_\_\_

**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 or any other SSA benefit)</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
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		\$
Filing Fees		\$
Food		\$
Gifts - Personal or Charitable		\$
Home Health Care/Personal Aide		\$
Homeowners Insurance		\$
Home/Property Maintenance & Repair		\$
Income Taxes		\$
Legal Fees		\$
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)? \$ \_\_\_\_\_

3. Was a gift or charitable expense recorded in this Report Period?  
 Yes - Complete the table below      No - Skip to Part IV, Question 1

Amount	Recipient	Description
\$		
\$		
\$		

4. Was the gift or charitable expense approved by the court?  
 Yes - Date of Court Order: \_\_\_\_\_

No - Explain why court approval was not obtained:

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#### 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:

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**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
	\$
	\$
	\$
	\$
TOTAL	\$

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 <b>Report Period</b>
		\$
		\$
		\$
		\$
		\$
		\$
<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:

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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 (any type of SSA benefit)

- ☐ 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. (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.

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*Date*

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*Signature of Guardian of the Estate*

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

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*Address*

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*City, State, Zip*

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*Home Phone Number*

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*Office Phone Number*

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*Cell Phone Number*

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*Email*

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*Date*

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

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

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*Address*

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*City, State, Zip*

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*Home Phone Number*

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*Office Phone Number*

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*Cell Phone Number*

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*Email*