ANNUAL REPORT OF
GUARDIAN OF THE PERSON

COURT OF COMMON PLEAS OF
_____ COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

Estate of _____, an Incapacitated Person

No._____

I. INTRODUCTION

_____, was appointed

☐ Plenary ☐ Limited Guardian of the Person by Decree of _____, J., dated _____.

☐ A. This is the **Annual Report** for the period from _____, _____ to _____, _____ (the "Report Period"); *or*

☐ B. This is the **Final Report** for the period from _____, _____

to _____, _____ (the "Report Period"), and is filed

for the following reason:

1. The death of the Incapacitated Person. Date of death:_____

2. The Guardianship was terminated by the Court by Decree of

_____ J., dated _____.

For a Final Report, omit Sections II through IV.

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II. PERSONAL DATA

Age of the Incapacitated Person:_____ Date of Birth:_____

III. LIVING ARRANGEMENTS

A. Current address of the Incapacitated Person:

B. The Incapacitated Person's residence is:

- ☐ own home / apartment
- ☐ nursing home
- ☐ boarding home / personal care home
- ☐ Guardian's home / apartment
- ☐ hospital or medical facility
- ☐ relative's home (name, relationship and address)

- ☐ other:

C. The Incapacitated Person has been in the present residence since _____ _____. If the Incapacitated Person has moved within the past year, state prior residence and reason(s) for move:

D. Name and address of the Incapacitated Person's primary caregiver:

IV. MEDICAL INFORMATION

A. The major medical or mental problems of the Incapacitated Person are as follows:

B. Specify what, if any, social, medical, psychological and support services the Incapacitated Person is receiving:

V. GUARDIAN'S OPINION

A. It is the opinion of the Guardian of the Person that the guardianship should:

☐ continue

☐ be modified

☐ be terminated

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The reasons for the foregoing opinion are:

B. During the past year, the Guardian of the Person has visited the Incapacitated Person

_____ times with the average visit lasting _____ hours, _____ minutes.

The report of a social service organization employed by the Guardian to oversee and coordinate the care of the Incapacitated Person for the period covered by this Report may be attached to supplement this 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.A. § 4904 relative to unsworn falsification to authorities.

_____
Date

_____
Signature of Guardian of the Person

_____
Name of Guardian of the Person (type or print)

_____
Address

_____
City, State, Zip

_____
Telephone