

**COURT OF COMMON PLEAS
PHILADELPHIA COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

O.C. NO. _____ OF _____

**ESTATE OF _____
AN INCAPACITATED PERSON**

ANNUAL REPORT OF GUARDIAN OF THE PERSON

1. I, _____,
(Name of Guardian)
was appointed _____ guardian of the person by Decree of
(Plenary or limited)
_____, J., dated _____, _____. .

This is my annual report for the period from _____, ____ to
_____, _____. (the "Report Period").

2. Age of the incapacitated person: _____ years. Date of Birth: _____.

3. 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 resident since _____,
_____. If the incapacitated person has moved within the past year, state
change and reason(s) for change: _____

d. Name and address of the incapacitated person's primary caregiver:

4. The major medical or mental problems of the incapacitated person are as follows:

5. Specify what, if any, social, medical, psychological and support services the incapacitated person is receiving:

6. It is my opinion as guardian of the person that the guardianship should: (Check One)
__ continue __ be modified __ be terminated. (Briefly explain your response).

7. During the past year, I have visited the incapacitated person ____ times with the average visit lasting _____ .
(Hrs. Min.)

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: _____, 20 ____

Signature

Name of Guardian (type or print)

Address

City, State, Zip

Telephone Number