

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: _____, an incapacitated person FILE NO. _____

GUARDIAN OF PERSON
INITIAL/ANNUAL/ FINAL REPORT
[20 Pa. C.S.A. 5521(C)]

FROM _____ TO _____

1. I am the ___ Limited ___ Plenary Guardian of the Person of my ward, named above.
2. I was appointed Guardian by Order of the Court dated _____, which ___ was ___ was not modified by Court Order(s) dated _____.
3. Is the incapacitated person still living? _____

If no, answer the following:

- (a) Date of Death?
 - (b) Place of Death?
 - (c) Name of Administrator or Executor?
 - (d) Date Guardian of the Person filed the last Annual Report?
4. If the incapacitated person is still living, answer the following questions:
- (a) Date Guardian of the Person filed the last Annual Report?
 - (b) Current address of the incapacitated person
 - (c) Current age _____ Date of birth of incapacitated person
 - (d) The incapacitated person's residence is:

_____ Ward's own residence	_____ My home/apartment
_____ Nursing Home	_____ Relative's Home
_____ Hospital or Medical Facility	_____ Boarding Home
_____ Other _____	
 - (e) The incapacitated person has been living there since
If moved within the past year, state from where and the reason for the change

(f) I rate his/her living arrangement as:

_____ Excellent _____ Average _____ Below Average

Explain: _____

(g) I believe he/she is:

_____ content with the living situation

_____ unhappy with the living situation

_____ unaware of the living situation

5. Physical health

(a) Current physical condition of the incapacitated person is:

_____ Excellent _____ Good _____ Fair _____ Poor

(b) His/her major physical health problems are as follows: _____

(c) During the past year, his/her physical condition has:

_____ remained about the same.

_____ improved. Explain: _____

_____ worsened. Explain: _____

(d) During the past year, he/she received the following medical treatment (include check-ups and dental work):

Date	Ailment	Type of treatment	Doctor's name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Mental Health

(a) The incapacitated person's condition is:

_____ excellent _____ good _____ poor

(b) His/her major mental health problems are as follows: _____

(c) During the past year, his/her mental condition has:

_____ remained about the same.

_____ improved. Explain
_____ worsened. Explain

(d) During the past year, treatment or evaluation by a psychiatrist, psychologist or social worker _____ was _____ was not provided. Such mental health services are briefly described as: _____

7. Social Activities / Services

(a) His/her current social condition is:

_____ excellent _____ good _____ fair _____ poor

(b) During the past year, his/her social condition has:

_____ remained about the same.

_____ improved. Explain. _____

_____ worsened. Explain. _____

(c) During the past year he/she has participated in the following activities:

_____ recreational _____

_____ educational _____

_____ social _____

_____ occupational _____

_____ no activities available.

_____ he/she refuses to participate in any activities.

_____ he/she is unable to participate in any activities.

8. Visitation

(a) During the past year, I visited him/her as follows: _____

(b) The average amount of time I spent on each visit was _____.

(c) The last time I visited was on _____
date

9. During the last year I have performed the following activities on behalf the incapacitated person: _____

10. I believe he/she has the following unmet needs: _____

11. The guardianship _____ should _____ should not be continued without modification because:

12. Please note any concerns about the incapacitated person's physical or mental well being or the finances that the Court should know. _____

13. I _____ am _____ am not guardian of the incapacitated person's estate. If yes, my report is attached.

I certify under the penalties of perjury that the information contained in this report is true and correct to the best of my knowledge, information and belief.

Date: _____
Signature of the (Co-)Guardian of the Person

Name: _____ Telephone # Home: _____
Address: _____ Work: _____

Date: _____
Signature of the (Co-)Guardian of the Person

Name: _____ Telephone # Home: _____
Address: _____ Work: _____
