

**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 ESTATE**

I, \_\_\_\_\_, was appointed  
(Name of Guardian)  
\_\_\_\_\_ guardian of the estate by Decree of \_\_\_\_\_ J.,  
(Plenary or limited)  
dated \_\_\_\_\_, \_\_\_\_.

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

**I. SUMMARY**

A. Value of principal assets at the beginning  
of the Report Period? (See Inventory if first report,  
otherwise last report) \$ \_\_\_\_\_

B. Total amount of income earned during the Report  
Period? \$ \_\_\_\_\_

C. Total amount of all expenditures made for care and  
maintenance of the Incapacitated Person during the  
Report Period? \$ \_\_\_\_\_

(1) From principal \$ \_\_\_\_\_

(2) From income \$ \_\_\_\_\_

D. Total amount spent for all other purposes during the  
Report Period? \$ \_\_\_\_\_

E. Total amounts remaining at the end of the Report Period?

(1) Principal \$ \_\_\_\_\_

(2) Income \$ \_\_\_\_\_

(3) Total (1 & 2) \$ \_\_\_\_\_

**II. ADDITIONAL INFORMATION**

(If more space is needed, attach additional pages)

A. Principal:

- (1) Total amount remaining at the end of the Report Period? \$ \_\_\_\_\_
- (2) How is principal currently invested? (Please specify, i.e., real estates, certificates of deposits, restricted bank accounts, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (3) Have there been any expenditures from principal during the Report Period? (check one)  YES or  NO
- (4) Did you receive any principal assets during the Report Period which were not included in the Inventory or a prior report filed For the estate. (check one)  YES or  NO

If you answered YES:

- (a) Did you receive Court approval prior to receiving additional principal?  
(check one)  YES or  NO

- (b) State the sources and amounts of the additional principal you received:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

B. INCOME:

- (1) State sources and amounts of income received during the Report Period (i.e., Social Security, Pension, Rents, etc.):  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_
- Total income received during Report Period \$ \_\_\_\_\_

(2) How is income currently invested? (Please specify, restricted bank accounts, client care account, etc. )

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C. Specify what payments were made for the care and maintenance of the Incapacitated Person (i.e., clothing, nursing home, medicine, support, etc.)

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D. Specify what other payments were made during the Report Period. (Do not include any items stated in response to question C above).

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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

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Name of Guardian (type or print)

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Address

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City, State, Zip

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Telephone Number

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