

**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:

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

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

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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).

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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