

**DESIGNATION OF TEMPORARY  
GUARDIAN AND PETITION FOR  
APPROVAL OF TEMPORARY  
GUARDIAN DESIGNATION  
INSTRUCTIONS**

***IT IS STRONGLY RECOMMENDED THAT YOU  
CONSULT AN ATTORNEY***

**DISCLAIMER**

**THE SELF HELP CENTER STAFF AND THE STAFF IN ANY COURT OFFICE ARE NOT PERMITTED TO GIVE YOU LEGAL ADVICE. THE INFORMATION CONTAINED IN THE SELF-HELP CENTER PACKETS IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THESE DOCUMENTS, INCLUDING RELIANCE ON THEIR CONTENTS. IF YOU WANT TO OBTAIN THE SERVICES OF AN ATTORNEY BUT DO NOT KNOW WHOM TO CONTACT, YOU MAY CALL THE DAUPHIN COUNTY LAWYER REFERRAL SERVICE AT (717) 232-7536.**

A temporary guardian may be appointed by the Court for a limited period for a minor when the minor's custodial parent has entered a rehabilitation facility for treatment of drug or alcohol addiction or has been subject to emergency medical intervention due to abuse of drugs or alcohol.

**Only a grandparent, aunt, uncle or adult sibling of the minor child(ren) is permitted to serve as a temporary guardian.**

The custodial parent may designate the family member as a temporary guardian by completing the Designation of Temporary Guardian form.

**FOR EVERY PAGE THAT HAS A CAPTION, COMPLETE THE NAME(S) OF THE MINOR CHILD(REN) ON THE TOP LEFT SIDE OF THE PAGE.**

**INSTRUCTIONS FOR COMPLETING NOTICE OF DESIGNATION OF TEMPORARY GUARDIAN**

- Complete the name of the minor child(ren) on the top left corner. Do not complete the space \_\_\_\_ OC \_\_\_\_\_. The Clerk of the Orphans' Court will assign the case a number.
- Complete the name of the designated temporary guardian, the address and email address.
- Complete the name of the custodial parent, and the name(s) and address of the minor child(ren).
- Do not complete anything else on the form.

**INSTRUCTIONS FOR COMPLETING THE DECREE OF TEMPORARY GUARDIANSHIP**

- Complete the name of the minor child(ren) on the top left corner. Do not complete the space \_\_\_\_ OC \_\_\_\_\_. The Clerk of the Orphans' Court will assign the case a number.
- Do not complete anything else on the form.

**INSTRUCTIONS FOR COMPLETING THE PETITION FOR APPROVAL OF TEMPORARY GUARDIAN DESIGNATION**

**This part is completed by the proposed designated guardian.**

1. Enter your name, the name of the child(ren), the name of the person who designated you as temporary guardian and the date of designation.
2. Enter your mailing address, telephone number and email address.
3. Under section (b), enter your name and the name of the minor child(ren).

Sign the petition and print your name.

**INSTRUCTIONS FOR COMPLETING THE DESIGNATION OF TEMPORARY  
GUARDIAN FORM**

**This part is completed by the custodial parent.**

1. There is nothing to complete. You assert that you are the custodial parent of the minor child(ren).
2. Check one of the boxes and list the docket number associated with either the custody action or dependency action. If there is not a custody or dependency case involving the minor child(ren), check the third box.
3. Complete your mailing address, telephone number and email address.
4. List the non-custodial parent's name.
5. Check one of the boxes to indicate whether the whereabouts of the non-custodial parent are known or unknown. If the whereabouts of the non-custodial parent are known, complete the address, telephone number and email address.
6. Check the box to indicate if the non-custodial parent's rights have been terminated by Court Order.
7. If the non-custodial parent's rights have not been terminated by Court Order, indicate whether the non-custodial parent consents to the proposed designation of the person named as temporary guardian.
8. Check the box to indicate the relationship of the proposed temporary guardian to the minor child(ren).
9. There is nothing to complete. You aver that the proposed designated temporary guardian shall act as a guardian of the minor(s) when you enter a rehabilitation facility for treatment of drug or alcohol addiction or when you are subject to emergency medical intervention due to abuse of drugs or alcohol.
10. List the reasons why the designation of temporary guardian is necessary.
11. There is nothing to complete. You aver that you understand that a temporary guardian's authority to act as guardian does not divest your parental rights but gives the temporary guardian concurrent or shared custody of the minor(s).
12. There is nothing to complete. You aver that you understand that the temporary guardian must assure your frequent and continuing contact and physical access to the minor(s) and assure your involvement to the greatest extent possible in decision making on behalf of the minor(s).

13. There is nothing to complete. You aver that it is your intention to retain full parental rights to the extent consistent with your condition and to retain the authority to revoke the temporary guardianship.
14. There is nothing to complete. You aver that the designation is made after careful reflection while you are of sound mind.

Sign and date the Designation in front of two witnesses who are 18 years of age or older.

If the non-custodial parent consents to the designation, have the non-custodial parent sign, date and complete their mailing address and email address.

Have the proposed temporary guardian sign and date the acceptance of the nomination of temporary guardian before a notary and complete their mailing address and email address.

### **FILING INSTRUCTIONS**

Your document should contain:

- Notice of Designation of Temporary Guardian
- Decree of Temporary Guardianship
- Petition for Approval of Temporary Guardian Designation
- Verification
- Certification of compliance with the Public Access Policy
- Designation of Temporary Guardian

File an original and a copy of the document with the Clerk of the Orphans' Court, 101 Market Street, Harrisburg, PA. See the Clerk of the Orphans' Court Fee Schedule for the amount of the filing fee. The filing fee is payable by cash, certified check or money order made payable to the Dauphin County Clerk of the Orphans' Court. If you do not think that you can afford to pay the filing fee, you may file a Petition to Proceed *In Forma Pauperis* (IFP), an Affidavit and supporting documentation (see Self Help Center *In Forma Pauperis* forms and instructions for family law cases).

**DESIGNATION OF TEMPORARY  
GUARDIAN AND PETITION FOR  
APPROVAL OF TEMPORARY  
GUARDIAN DESIGNATION FORMS**

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IN RE: TEMPORARY GUARDIANSHIP OF \_\_\_\_\_ : IN THE COURT OF COMMON PLEAS  
: DAUPHIN COUNTY, PENNSYLVANIA  
:  
:  
:  
:  
: \_\_\_\_\_ OC \_\_\_\_\_

\_\_\_\_\_  
Name(s) of Minor Child(ren)

**NOTICE OF DESIGNATION OF TEMPORARY GUARDIAN**

To:

\_\_\_\_\_  
Name of Designated Temporary Guardian

\_\_\_\_\_  
Address, City, State, Zip Code of Designated Temporary Guardian

\_\_\_\_\_  
Email Address of Designated Temporary Guardian

You are hereby notified that \_\_\_\_\_ has designated  
Name of Custodial Parent

you as temporary guardian, effective on \_\_\_\_\_ for:  
Date

\_\_\_\_\_  
Name(s) of Minor Child(ren)

\_\_\_\_\_  
Address, City, State, Zip Code of Minor Child(ren)

A hearing is scheduled for \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_ in Courtroom \_\_\_\_\_ at \_\_\_\_\_ m.

Dauphin County Courthouse, 101 Market Street, Harrisburg, PA 17101

7<sup>th</sup> Floor Juvenile Justice Center, 25 S. Front Street, Harrisburg, PA  
17101

No hearing is scheduled on this matter.

BY THE COURT:

\_\_\_\_\_

DISTRIBUTION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IN RE: TEMPORARY GUARDIANSHIP OF \_\_\_\_\_ : IN THE COURT OF COMMON PLEAS  
: DAUPHIN COUNTY, PENNSYLVANIA  
:  
:  
:  
:  
:  
: \_\_\_\_\_ OC \_\_\_\_\_

\_\_\_\_\_  
Name(s) of Minor Child(ren)

**DECREE OF TEMPORARY GUARDIANSHIP**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, upon review of the Designation by the Custodial Parent, it is hereby ordered that \_\_\_\_\_ is appointed as the temporary guardian of \_\_\_\_\_.

The temporary guardian shall have the authority to act on behalf of the minor child(ren) as a guardian of the minor child(ren).

The temporary guardian is ordered to ensure that \_\_\_\_\_ has frequent and continuing contact with, and physical access to, the minor child(ren), and shall ensure the involvement of \_\_\_\_\_, to the greatest extent possible, in the decision making on behalf of the minor child(ren).

The entry of this Decree shall not divest \_\_\_\_\_ of any parental rights, but shall confer upon the temporary guardian concurrent or shared custody of the child(ren).

The temporary guardian may not remove:

- A. The minor child(ren) or permit the minor child(ren) to be removed from the United States either permanently or temporarily without the consent of the custodial parent and the approval of the Court.
- B. The minor child(ren) from the Commonwealth of Pennsylvania absent a Court Order, which may only be entered after a hearing at which both parents and the minor child(ren) have the right to be present.

The temporary guardianship shall expire on \_\_\_\_\_ unless extended by further decree of court or by written agreement of the temporary guardian and the custodial parent of the child(ren).

BY THE COURT:

\_\_\_\_\_

DISTRIBUTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN RE: TEMPORARY GUARDIANSHIP OF : IN THE COURT OF COMMON PLEAS  
: DAUPHIN COUNTY, PENNSYLVANIA

:  
:  
:  
:  
:

\_\_\_\_\_  
Name(s) of Minor Child(ren) : \_\_\_\_\_ OC \_\_\_\_\_

**PETITION FOR APPROVAL OF TEMPORARY GUARDIAN DESIGNATION**

1. I, \_\_\_\_\_ was designated as Temporary  
Name of Designated Temporary Guardian  
Guardian of \_\_\_\_\_ by  
Name(s) of Minor Child(ren)  
\_\_\_\_\_, the custodial parent, on  
Name of Custodial Parent

\_\_\_\_\_ as evidenced by the attached Designation of Temporary Guardian  
Date of Designation  
form.

2. My mailing address is \_\_\_\_\_  
Street Address, City, State, Zip Code

My telephone number is \_\_\_\_\_.

My email address is \_\_\_\_\_.

3. WHEREFORE, Petitioner(s) on behalf of minor child(ren) requests the Court:  
a. to schedule a hearing on this Petition if necessary;  
b. to grant the Petition for Temporary Guardianship and name  
Name of Designated Temporary Guardian as temporary guardian  
of \_\_\_\_\_  
Name(s) of Minor Child(ren)

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner



**VERIFICATION**

I/we, \_\_\_\_\_, verify that  
Name(s) of Petitioner(s)

the facts set forth in the PETITION FOR TEMPORARY GUARDIANSHIP are true and correct to the best of my/our knowledge, information and belief. I/we understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

**CERTIFICATION**

I/we, \_\_\_\_\_, certify that this filing complies  
Name(s) of Petitioner(s)

with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents. See:

<http://www.pacourts.us/public-records/public-records-policies>.

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
Print Name of Petitioner

IN RE: TEMPORARY GUARDIANSHIP OF \_\_\_\_\_ : IN THE COURT OF COMMON PLEAS  
: DAUPHIN COUNTY, PENNSYLVANIA  
:  
:  
:  
:  
: \_\_\_\_\_ OC \_\_\_\_\_

\_\_\_\_\_  
Name(s) of Minor Child(ren)

**DESIGNATION OF TEMPORARY GUARDIAN**

I, \_\_\_\_\_ do hereby designate  
Name of Custodial Parent

\_\_\_\_\_ who resides at  
Name of Proposed Temporary Guardian

\_\_\_\_\_ as  
Complete Mailing Address of Proposed Temporary Guardian – Street, City, State, Zip Code

temporary guardian of \_\_\_\_\_  
Name(s) of Minor Child(ren)

effective \_\_\_\_\_ and in support I aver as follows:

1. I am the custodial parent of the minor child(ren) named above.

2. There currently is:

a custody action involving the above-named minor child(ren) at docket number:  
\_\_\_\_\_.

a dependency action involving the above-named minor child(ren) at docket  
number: \_\_\_\_\_.

no custody or dependency case involving the above-named minor child(ren).

3. My complete mailing address is

\_\_\_\_\_  
Street Address, City, State, Zip Code

My telephone number is \_\_\_\_\_.

My email address is \_\_\_\_\_.

4. The non-custodial parent's name is \_\_\_\_\_.

5. The non-custodial parent's whereabouts are known and their complete mailing

address is \_\_\_\_\_.  
Street Address, City, State, Zip Code

The non-custodial parent's telephone number is \_\_\_\_\_.

The non-custodial parent's email address is \_\_\_\_\_.

The non-custodial parent's whereabouts are unknown.

6. The non-custodial parent's rights  have or  have not been terminated by Court Order.
7. If the non-custodial parent's rights have not been terminated by Court Order, the non-custodial parent  does or  does not consent to the proposed designation of the person named above as temporary guardian.
8. The proposed designated guardian has the following relationship to the minor child(ren):  
 Grandparent     Aunt or Uncle     Adult Sibling to Minor Child(ren)
9. I agree that the proposed designated temporary guardian shall act as guardian of the minor(s) when I enter a rehabilitation facility for treatment of drug or alcohol addiction or when I am subject to emergency medical intervention due to abuse of drugs or alcohol.
10. The designation of temporary guardian is necessary because:  


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11. I understand that a temporary guardian's authority to act as guardian does not divest my parental rights but gives the temporary guardian concurrent or shared custody of the child(ren).
12. I understand that the temporary guardian must assure my frequent and continuing contact and physical access to the child(ren) and must assure my involvement to the greatest extent possible in decision making on behalf of the child(ren).
13. It is my intention to retain full parental rights to the extent consistent with my condition and to retain the authority to revoke the temporary guardianship if I so choose.
14. This designation is made after careful reflection, while I am of sound mind.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designator-Custodial Parent's Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Street Address

\_\_\_\_\_  
Witness Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

**Signature of Non-Custodial Parent (if applicable)**

If the non-custodial parent’s rights **have not** been terminated and **consents** to the proposed designation of temporary guardian, the following shall be completed by the non-custodial parent.

I, \_\_\_\_\_, hereby consent to the designation of  
Name of Non-Custodial Parent  
\_\_\_\_\_ as temporary guardian of the above-named  
Name of Proposed Temporary Guardian  
child(ren).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Non-Custodial Parent

\_\_\_\_\_  
Printed Name of Non-Custodial Parent

\_\_\_\_\_  
Complete Mailing Address of Non-Custodial Parent – Street Address, City, State, Zip Code

\_\_\_\_\_  
Email Address of Non-Custodial Parent

**Signature of Proposed Temporary Guardian**

I, \_\_\_\_\_, hereby accept my nomination as  
Proposed Temporary Guardian  
temporary guardian of \_\_\_\_\_. I understand that my  
Name(s) of Minor Child(ren)  
rights and responsibilities toward the minor child(ren) named above will become effective on

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposed Temporary Guardian

\_\_\_\_\_  
Printed Name of Proposed Temporary Guardian

\_\_\_\_\_  
Complete Mailing Address of Proposed Temporary Guardian – Street Address, City, State, Zip Code

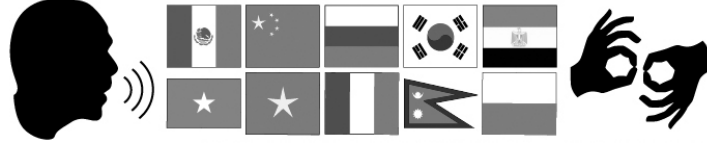
\_\_\_\_\_  
Email Address of Proposed Temporary Guardian

Sworn and subscribed to me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

## Notice of Language Rights



Language Access Coordinator  
Dauphin County Court of Common Pleas  
101 Market Street, 3<sup>rd</sup> Floor Court Administrator's Office  
Harrisburg, PA 17101  
[interpreterrequest@dauphincounty.gov](mailto:interpreterrequest@dauphincounty.gov)  
(717) 780-6640

**English:** You have the right to an interpreter at no cost to you. To request an interpreter, please inform court staff using the contact information provided at the top of this notice.

**Spanish/Español:** Usted tiene derecho a un intérprete libre de costo. Para solicitar un intérprete favor de informárselo al personal judicial utilizando la información provista en la parte superior de este aviso.

**Mandarin/Cantonese Simplified Chinese/普通话/粤语简体中文:** 您有权获得免费的口译员服务。若需要口译员，请使用本通知上方提供的联系信息通知法院工作人员。

**Mandarin/Cantonese Traditional Chinese/普通話/廣東話繁體中文:** 您有權要求免費傳譯服務。如欲要求傳譯服務，請參閱本通知頂部的聯絡資料，通知法庭職員。

**العربية/Arabic:** يحق لك الحصول على مترجم دون دفع أي تكلفة من جانبك. لطلب مترجم، يُرجى إعلام موظفي المحكمة باستخدام معلومات الاتصال المقدمة في الجزء العلوي من هذا الإشعار.

**Russian/Русский:** У вас есть право на бесплатные услуги переводчика. Заявка на переводчика подается в суд по адресу, телефону или эл. почте, указанным выше в заголовке этого уведомления.

**Vietnamese/Tiếng Việt:** Quý vị có quyền được một thông dịch viên giúp mà không tốn chi phí nào cả, xin hãy báo cho nhân viên tòa án dùng thông tin liên lạc có ở trên đầu thông báo này.

**Nepali/नेपाली:** तपाईंको निःशुल्क रूपमा भाषा अनुवादक राख्न पाउने अधिकार छ। अनुवादकको लागि अनुरोध गर्न, यस सूचनाको माथि दिइएको सम्पर्क जानकारी भरेर अदालतका कर्मचारीहरूलाई जानकारी दिनुहोस्।

**Korean/한국어:** 귀하는 비용에 대한 부담 없이 통역 서비스를 받을 권리가 있습니다. 통역 서비스를 요청하려면 본 통지서의 상단에 기재된 연락처를 통해 법원 직원에게 알리십시오.

**Polish/Polski:** Ma Pan/Pani prawo do nieodpłatnego skorzystania z usług tłumacza ustnego. Aby zwrócić się o wsparcie ze strony tłumacza ustnego, proszę skontaktować się z pracownikami sądu, korzystając z danych znajdujących się w górnej części niniejszego dokumentu.

**Pakistan/پنجابی/Punjabi:** تہاڈے کول بغیر ادائیگی کیتیاں اک مترجم حاصل کرن دا حق اے۔ مترجم دی درخواست کرن لئی، میربانی کر کے ایس نوٹس دے اوتے فراہم کیتیاں رابطے دیاں معلومات نوں ورتدیاں عدالت دے عملے نوں اطلاع دوو۔

**Punjabi/ ਪੰਜਾਬੀ /India:** ਤੁਹਾਨੂੰ ਇਕ ਦੁਭਾਸ਼ੀਆ ਹਾਸਲ ਕਰਨ ਦਾ ਹੱਕ ਹੈ, ਜਿਸ ਦੀ ਤੁਹਾਨੂੰ ਕੋਈ ਲਾਗਤ ਨਹੀਂ ਲੱਗੇਗੀ। ਦੁਭਾਸ਼ੀਏ ਲਈ ਬੇਨਤੀ ਕਰਨ ਵਾਸਤੇ, ਕਿਰਪਾ ਕਰ ਕੇ ਅਦਾਲਤ ਦੇ ਅਮਲੇ ਨੂੰ ਜਾਣੂ ਕਰਵਾਓ ਤੇ ਇਸ ਲਈ ਇਸ ਨੋਟਿਸ ਦੇ ਸਿਖਰ ਉਤੇ ਦਿੱਤੀ ਸੰਪਰਕ ਜਾਣਕਾਰੀ ਦਾ ਇਸਤੇਮਾਲ ਕਰੋ।

**Portuguese/Português:** Você tem direito a um intérprete gratuitamente. Para solicitar um intérprete, informe à nossa equipe usando os dados de contato mostrados na parte superior deste aviso.

**Somali/Somaali:** Waxaad xaq u leedahay in lagu turjumo lacag la'aan ah. Si aad u codsato turjumaanka, fadlan u sheeg maxkamadda shaqaalaha adiga oo isticmaala macluumaadka ciwaanka kor lagu siiyay ee ogeysiiskaan.

**Haitian Creole/Kreyòl Ayisyen:** Ou gen dwa resevwa sèvis yon entèprèt gratis. Pou mande pou yon entèprèt, tanpri fè manm pèsonel tribinal la konnen lè ou sèvi avèk enfòmasyon an yo te bay ou nan tèt avi sa a.

**French/Français :** Vous avez le droit de bénéficier gratuitement de l'assistance d'un interprète. Pour en faire la demande, veuillez en informer le personnel du tribunal à l'aide des coordonnées indiquées en haut de page.