

PETITION FOR ALLOWANCE OF DISTRIBUTION OF PRINCIPAL OF AN INCAPACITATED PERSON

INSTRUCTIONS

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

DISCLAIMER

THE SELF-HELP CENTER STAFF AND COURT STAFF ARE NOT PERMITTED TO GIVE YOU LEGAL ADVICE. THE INFORMATION IN THIS PACKET 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 MIDPENN LEGAL SERVICES AT (717) 232-0581.

INSTRUCTIONS

While you are permitted to file legal papers and represent yourself in Court, it is **strongly recommended** that you seek the advice of an attorney.

USEFUL DEFINITIONS:

• **Incapacitated person:** Incapacitated Person is defined as an adult (18 years of age or older) whose ability to receive and evaluate information effectively and communicate decisions in any way is impaired to such a significant extent that s/he is partially or totally unable to manage his/her financial resources or to meet essential requirements for his/her physical health and safety.

• **Limited Guardian of the Person:** Upon finding that the person is partially incapacitated and in need of guardianship services, the court shall enter an order appointing a limited guardian of the person with powers consistent with the court's findings of limitations, which may include:

1. General care, maintenance and custody of the incapacitated person.
2. Designating the place for the incapacitated person to live.
3. Assuring that the incapacitated person receives such training, education, medical and psychological services and social and vocational opportunities, as appropriate, as well as assisting the incapacitated person in the development of maximum self-reliance and independence.
4. Providing required consents or approvals on behalf of the incapacitated person.

• **Plenary (Unlimited) Guardian of the Person:** The court may appoint a plenary guardian of the person only upon a finding that the person is totally incapacitated.

• **Limited Guardian of the Estate:** Upon a finding that the person is partially incapacitated and in need of guardianship services, the court shall enter an order appointing a limited guardian of the estate with powers consistent with the court's finding of limitations which shall specify the portion of assets or income over which the guardian of the estate is assigned powers and duties.

• **Plenary (Unlimited) Guardian of the Estate:** The court may appoint a plenary guardian of the estate only upon a finding that the person is totally incapacitated.

• **Intestate Heir:** Family members who would stand to inherit from the estate of the alleged incapacitated person if the incapacitated person did not have a will.

COMPLETING THE FORM – DECREE

1. Enter the name of the incapacitated person in the top left corner of the caption.
2. Enter the docket number in the bottom right corner of the caption. This is the same number on all of your guardianship papers. (ex: 12-OC-2025)
3. Enter the amount of principal requested in the blank space at item 1.
4. Enter to whom the principal will be paid and for what purpose in the remaining blank spaces at item 1.
5. Enter the name and address of all parties, including yourself, where the signed order should be sent.

COMPLETING THE FORM – PETITION

1. Enter the name of the incapacitated person in the top left corner of the caption.
2. Enter the docket number in the bottom right corner of the caption.
3. Enter the name(s) of the petitioner in the first paragraph of the body of the petition.
4. Enter the name of the petitioner in the first blank space in item 1.
5. Enter the address of the petitioner in the remaining blank space in item 1.
6. Enter the name of the incapacitated person in item 2.
7. Enter the date of the final guardianship order in the second blank space in item 2.
8. Attach a copy of the final guardianship order to the back of the petition.
9. Enter the current address of the incapacitated person in item 3.
10. Enter the date the guardian's inventory was filed with the Orphans' Court (or through the Guardianship Tracking System (GTS) in item 4.
11. Describe the assets of the incapacitated person's estate, including the asset holder in item 5.
12. Describe the income of the incapacitated person (i.e. – wages, social security, etc.) and the frequency of such in item 6.

13. Enter the names and addresses of the dependents/intestate heirs of the incapacitated person in item 7.
14. Enter the names and amounts claimed of the incapacitated person's creditors in item 8.
15. Describe any prior distributions of principal authorized by the Court in item 9.
16. Enter the amount requested in the first blank space in item 10.
17. Describe to whom and for what reasons the amount is needed in the remaining spaces of item 10.
18. Date and sign the petition.
19. Print your name, date and sign the Public Access Policy Certification.
20. Print your name and list the names and addresses of the persons who you are sending a copy of the petition and proposed order. Date and sign the Certificate of Service of the petition and proposed order. Date and sign the Certificate of Service.

FILING

Once you have completed all forms and attach the required documents, you will file an original with the Clerk of the Orphans' Court. **There is a filing fee.** Please contact the Clerk of the Orphans' Court at 717-780-6510 regarding the total filing fee. Upon filing, have the Clerk of the Orphans' Court stamp an extra copy for yourself, and for anyone upon whom you will serve a copy of the Petition. You will need to provide the extra copies for stamping.

AFTER FILING

The Clerk of the Orphans' Court will process your petition and send it to the Court Administrator's Office for review and assignment to a judge. If the petition is not completed or is incorrectly filled out, you may receive an order directing you to correct and re-file it.

The assigned judge may sign the order or may schedule a hearing. The order or hearing scheduling order will be mailed to you.

In Re: _____, : IN THE COURT OF COMMON PLEAS
An Incapacitated Person : DAUPHIN COUNTY, PENNSYLVANIA
: ORPHANS' COURT DIVISION
:
: No: _____

DECREE

AND NOW, this _____ day of _____ 20____, upon consideration
of the Petition for Allowance of Distribution of Principal of an Incapacitated Person, it is
hereby ORDERED and DECREED that:

1. The Guardian of the Estate is authorized to pay \$_____

relating to fees and costs for

_____.

BY THE COURT:

J.

Distribution:

In Re: _____ : IN THE COURT OF COMMON PLEAS
An Incapacitated Person _____ : DAUPHIN COUNTY, PENNSYLVANIA
: ORPHANS' COURT DIVISION
:
: No: _____

**PETITION FOR ALLOWANCE OF DISTRIBUTION OF PRINCIPAL OF AN
INCAPACITATED PERSON**

AND NOW COMES, _____, Petitioner, who respectfully
requests as follows:

1. Petitioner is _____, an adult individual who resides at
_____.
2. _____, the incapacitated person was adjudicated
fully incapacitated by Order dated _____. The same order
appointed Petitioner the plenary guardian of the estate of the incapacitated
person. A copy of the Order is attached as Exhibit 1.
3. The incapacitated person currently resides at _____
_____.
4. Petitioner/Guardian filed an inventory of the incapacitated person's estate on
_____.
5. The Incapacitated Person's estate generally consists of assets described as
follows:

6. The incapacitated person has income described as follows:

7. The incapacitated person has dependents or other persons entitled to an intestate share of their estate as listed below.

_____ residing at _____

_____ residing at _____

_____ residing at _____

_____ residing at _____

8. The claims of the incapacitated persons creditors known to petitioner are:

9. The following prior distributions have been allowed by the Court:

10. Petitioner requests \$ _____ to be distributed for the following reasons:

WHEREFORE, Petitioner respectfully requests that this Court authorize
Petitioner to distribute the Incapacitated Person's principal as described herein pursuant
to the attached proposed order.

Dated: _____

SIGNATURE OF PETITIONER

CERTIFICATION

I, _____, certify that this petition complies with the
provisions of the Case Records Public Access Policy of the Unified Judicial System
of Pennsylvania that require filing confidential information and documents
differently than non-confidential information and documents.

Dated: _____

SIGNATURE OF PETITIONER

CERTIFICATE OF SERVICE

I, _____, certify that I have on this date caused a true and
correct copy of the foregoing document to be served upon the person(s) set forth below
by depositing same in U.S. Mail, postage prepaid, at the following address(es):

Dated: _____

SIGNATURE OF PETITIONER