

CHECKLIST FOR GUARDIANSHIP PROCEEDINGS

- _____ Preliminary Decree w/Citation (*see* www.chesco.org; Reg of Wills “Forms”)
- _____ Important Notice Citation with Notice (O.C. Rule 14.2(f); Form G-01)
- _____ Final Order (*see* www.chesco.org; Reg of Wills/Clerk of OC: “Forms”)
- _____ Consent to Serve *for every* proposed Guardian
- _____ Expert Report Form (Pa O.C. Rule 14.3; Form G-06;) ****must be legible****
AIP presence in Court [*as defined in ¶ 17 on Form G-06*]
 - _____ can attend (not harmful)
 - _____ cannot attend (harmful)
- _____ Form SP 4-131 (State form; (*see* www.chesco.org; Reg of Wills “Forms”))

●PETITION CONTENTS [Pa. O.C. Rule 14.2(1)(1-16)]:

Regarding each PETITIONER:

1. Name ____, age ____, residence address ____; P.O. address (*if different from street address*) ____;
____ Relationship to AIP.

Regarding ALLEGED INCAPACITATED PERSON (a.k.a. “AIP”):

2. Name ____, age ____, residence ____ and P.O. address (if different from street address) ____
3. Names & addresses of: spouse ____, parents ____, presumptive intestate heirs of AIP:
of adult heirs: ____; # of *sui juris* (minor and/or incapacitated) heirs ____
4. ____Name & address of person or institution providing residential services to AIP.
5. ____Names & addresses of other services providers
6. Whether AIP executed: ****IF YES TO EITHER*: Name & address of designated Agent***
 - A. Healthcare Power of Attorney Yes No
 - B. Advanced Healthcare Directive Yes No
7. Whether AIP executed: ****IF YES*: Name & address of designated Agent***
 - A. Power of Attorney: Yes No
8. Whether AIP executed: ****IF YES*: Name & address of designated Agent***
 - A. Any document authorizing another to act on AIP’s behalf: Yes No
9. Reasons why guardianship is sought:
 - A. Functional limitations of AIP: ____
 - B. Physical condition of AIP: ____
 - C. Mental condition of AIP: ____

Is Plenary (a.k.a. "full") guardianship sought? Yes No

*** IF NO & ("limited guardianship" sought) then list of the specific areas sought to be covered in the guardianship decree

10. Probability whether physical condition will improve
 Probability whether mental condition will improve

11. Whether there was ever a prior incapacity (guardianship) hearing Yes No

***IF YES: Name of Court ; Date of hearing ; Determination/outcome ***

12. Steps taken to find a less restrictive alternative to guardianship

13. IF seeking Guardianship of ESTATE:

A. Gross value of Estate (if known): \$

B. Net income of Estate (if known): \$

C. Whether a pre-paid burial account has been established: Yes No.

14. Is AIP a Veteran: Yes No;

Is AIP receiving VA benefits (for self or through spouse): Yes No

15. Name & Address of any person "who should receive notice of annual guardianship reports
[***May include persons in #3-8 above***]

●NOMINATION OF PROPOSED GUARDIAN(S) [Pa. O.C. Rule 14.2(b)]:

*** MUST DO #17-23 FOR EACH Proposed Guardian***

16. Seeking to be: Guardian of the Person ; Guardian of the Estate

17. Name , age , residence address ; P.O. address (if different from street address);
 Relationship to AIP:

***IF an Entity:

A. Name of person(s) to have direct responsibility for AIP.

B. Name of Principal of entity.

18. Whether proposed guardian has any adverse interest to AIP: Yes No

19. Whether proposed guardian is available and able to vision or confer with AIP: Yes No

20. Whether proposed guardian has completed any guardianship training. Yes No

IF YES: name of training program; length of training; date of completion

21. Whether proposed guardian has ever had any guardianship certification Yes No

IF YES: current status of certification

22. Whether proposed guardian is now or ever was a guardian in any other matter Yes No

IF YES: the number of all active matters

● **EXHIBITS [Pa. O.C. Rule 14.2(c)]**

23. All writings (Nos. 6-8 above): executed Healthcare POA; executed advance healthcare directive; executed POA; any other documents authorizing a third party to act on AIP behalf
24. _____ **Certified response to PA State Police criminal check** [*must be issued within 6 months of the date guardianship petition herein was filed*] **for each proposed guardian. [redact SS#s]**
25. **IF** any proposed guardian resided outside of PA within previous 5 years & was 18 yrs old or older any time during that period: A criminal records check from the state(s) must be filed.
26. **IF** a proposed guardian is an Entity: the Entity must submit a PSP criminal record check.
27. **Consent to serve as guardian for each proposed guardian**

● **ADDITIONAL REQUIREMENTS:**

_____ **Verification (required)** [Pa. O.C. Rule 3.4(d)]

_____ **Attorney Information:** name, address, zip code, telephone # and Atty ID #

At least 7 days prior to hearing the following must have been filed with Court:

1. _____ **Affidavits of Service: Proving service made no less than 20 days before date of hearing:**
1. By personal service upon AIP [Pa. O.C. Rule 14.2(f)(1)] Yes No
2. Upon all other persons/entities entitled [pursuant to Pa. O.C. Rule 4.3] Yes No
2. _____ **Notice of Retention/Non-Retention of Counsel by A.I.P.:** Yes No
3. _____ **Certificate of Service: When:** Petitioner intends to use an Expert Report at hearing. Certificate to prove service of a copy of the Expert Report made **no later than 10 days prior to hearing upon:**
- A. _____ AIP (*if pro se*) or his/her Counsel &
- B. _____ “those entitled to notice of the petition & hearing”
[pursuant to: Pa. O.C. Rule 14.3 (b)(1),(2), & (3)]

NOTE: failure to meet service date requirements will result in cancellation of the hearing and a rescheduled date/time.