

**IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE:

No.

an Incapacitated Person

GUARDIAN OF THE PERSON ANNUAL REPORT

FROM _____, 20 ____ TO _____, 20 ____

1. I am the Limited Plenary Guardian of the Person of my ward, named above.

2. I was appointed Guardian by Order of the Court dated _____, which
 was was not modified by Court Order (s) dated _____.

3. Is the incapacitated person still living? yes no

If no, answer the following:

a. Date of Death: _____

b. Place of Death: _____

c. Name of Administrator or

Executor: _____

d. Date Guardian of Person filed the last annual report:

4. If the incapacitated person is still living, answer the following questions:

a. Date Guardian of the Person filed the last annual report : _____

b. Current address of the incapacitated person:

c. Current age: _____

Date of birth of the incapacitated person: _____

d. The incapacitated person's residence is:

- Ward's own residence
- Nursing Home
- Hospital/Medical

- My home/apartment
- Relative's home
- Boarding Home Facility

e. The incapacitated person has been living there since:

If moved within the past year, state from where and the reason for the change.

f. I rate his/her living arrangement at:

- Excellent Average Below Average

Explain:

g. I believe he/she is :

- content with the living situation
- unhappy with the living situation
- unaware of the living situation

5. Physical health:

a. Current physical condition of the incapacitated person is:

- Excellent Good Fair Poor

b. His/her major physical health problems are as follows:

c. During the past year, his/her physical condition has:

- remained the same.
- improved. Explain _____

- worsened. Explain _____

d. During the past year, he/she received the following medical treatment (include check-ups and dental work):

Date	Ailment	Type of Treatment	Doctor's Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Mental Health:

a. The incapacitated person's condition is:

- Excellent
- Good
- Poor

b. His/her major mental health problems are as follows:

c. During the past year, his/her physical condition has:

- remained the same.
- improved. Explain

- worsened. Explain

7. Social Activities/Services

a. His/her current social condition is:

- Excellent Good Fair Poor

b. During the past year, his/her social condition has:

remained about the same.

improved. Explain

worsened. Explain

c. During the past year he/she has participated in the following activities:

- recreational _____
 educational _____
 social _____
 occupational _____
 no activities available.
 he/she refuses to participate in any activities..
 he/she is unable to participate in any activities.

8. Visitation

a. During the past year, I visited him/her as follows:

b. The average amount of time I spent on each visit was:

c. The last time I visited was on (date):

9. During the last year I have performed the following activities on behalf of the incapacitated person:

10. I believe he/she has the following unmet needs:

11. The guardianship should should not be continued without modification because:

12. Please note any concerns about the incapacitated person's physical or mental well being or the finances that the Court should know.:

13. I am am not guardian of the incapacitated person's estate. If yes, my report is attached.

I certify under the penalties of perjury that the information contained in this report is true and correct to the best of my knowledge, information and belief.

Date: _____

Signature of the Guardian of the Person

Name: _____

Address: _____

Phone: (home) _____

(work) _____
