

**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:

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

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f. I rate his/her living arrangement at:

☐ Excellent

☐ Average

☐ Below Average

Explain:

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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:

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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

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☐ worsened. Explain

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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:

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

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

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

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

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

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

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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) \_\_\_\_\_