

Fifth Judicial District of Pennsylvania
Orphans' Court Division

Application for Court Appointment
to Represent Alleged Incapacitated Persons

Name: _____

Attorney ID: _____

Office Address: _____

Office Phone #: _____

Email Address: _____

Year of Admission to PA Bar: _____

Year of Admission to Other Bars: _____

Certifications: _____

Languages Spoken: _____

Please answer the following questions:

1. Do you understand and certify that the below answers are truthful and that false statements and/or representations made herein are subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities)?

Yes

No

2. Are you familiar with the following applicable rules?

Pennsylvania Orphans' Court Rules

Allegheny County Orphans' Court Rules

Pennsylvania Statutes Title 20 Pa. C.S.A. Decedents, Estates,
and Fiduciaries

3. Are you readily available to accept appointments as counsel for Alleged Incapacitated Persons?

Yes

No

If your answer is "No" – when do you expect to be available?

4. Is this your first time representing an Alleged Incapacitated Person?

Yes

No*

If your answer is "No" – How many individuals have you represented or are currently representing?

5. Do you maintain an office in Allegheny County?

Yes

No

6. Do you currently engage in the practice law in Allegheny County?

Yes

No

7. Do you maintain professional liability insurance?

Yes

No

8. Have you ever been suspended, disbarred, or placed on inactive status in any jurisdiction?

Yes

No

9. Are you in compliance with the Pennsylvania Supreme Court's Continuing Legal Education requirements?

Yes

No

10. Did you attend the CLE: Handling Pennsylvania Guardianships presented by the Allegheny County Bar Association or PBI?

Yes

No

11. Have you taken any guardianship CLEs within the last two years? If “yes”, please specify below.

Please forward completed form to: dkunz@allegheycourts.us