**IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA**

**ORPHANS’ COURT DIVISION**

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| IN RE: |  | |  | No. |  | of |  |
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|  | |  |

An Alleged Incapacitated Person

# CONSENT OF THE PROPOSED GUARDIAN OF THE ESTATE

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby consent to be appointed as the Guardian of the Estate of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, if so appointed by the Court.

I understand that if I am appointed as guardian, I will be serving for the benefit of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I affirm that I will act in his/her best interests at all times.

I further understand that if I am appointed as Guardian of the Estate, I am accepting fiduciary responsibility for the financial affairs of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an alleged incapacitated person, and will be required to report to the Orphans’ Court Division with regard to these financial affairs on an annual basis.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Proposed Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Proposed Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date