IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA

ORPHANS’ COURT DIVISION

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

An Alleged Incapacitated Person

# CONSENT OF THE PROPOSED GUARDIAN OF THE PERSON

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby consent to be appointed as the Guardian of the Person 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 Person, I will be required to report to the Orphans’ Court Division on my ward’s personal affairs on an annual basis.

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

Signature of Proposed Guardian

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

Printed Name of Proposed Guardian

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

Date