

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

20 -X

ESTATE OF [_____],
AN ALLEGED INCAPACITATED PERSON
CONSENT TO SERVE AS GUARDIAN

I, _____, agree to serve as Guardian of the Person for _____, an Incapacitated Person. I agree to act in the best interests of the Incapacitated Person, to assert his/her rights to the best of my ability and to respect his/her wishes to the greatest extent possible. If appropriate, I will participate in the development of a plan of supportive services to meet the Person's needs. I will also encourage him/her to participate to the maximum extent of his/her abilities in all decisions which affect him/her.

I, _____, agree to serve as Guardian of the Estate for _____, an Incapacitated Person. I agree to keep his/her Assets separate from my own, to spend his/her income only for his/her benefit, to seek Court approval if required and to handle his/her financial affairs in an honest and trustworthy manner.

Respectfully submitted,

Signature

Name:

Business Name:

Address:

Telephone Number:

Email Address:

Date: