

20 -X

ESTATE OF [],
AN ALLEGED INCAPACITATED PERSON

**PETITION FOR APPROVAL OF EXPENDITURE
FROM THE ESTATE OF AN INCAPACITATED PERSON**
(Pursuant to Montgomery Orphans' Court Rule 14.2B)

SECTION A. General Information

1. I, _____, hereby Petition this Court to approve an expenditure of principal from the Estate of the Incapacitated Person.

2. If Petitioner is Guardian:

a. I am the _____ Limited _____ Plenary Guardian of the _____ Estate and/or Person:
(Name of Incapacitated Person).

b. On _____ (Date of Appointment), I was appointed Guardian over the Estate and/or
Person of _____ (Name of Incapacitated Person).

c. I am _____ still _____ no longer serving in this capacity.

3. If Petitioner is not the Guardian:

a. I _____ am _____ am not related to the Incapacitated Person.

b. If Petitioner is related—my relationship to the Incapacitated Person is:

(provide a brief description of your relationship to the Incapacitated Person).

c. If Petitioner is not related—the nature of my interest is as follows:

(provide a brief description of why you are filing this Petition).

SECTION B. Inventory, Assets, Income, and Expense

1. An inventory of the Incapacitated Person's Estate _____ has _____ has not been filed.

2. The initial inventory was filed on _____ (date), and listed a total Estate value of \$ _____.

3. The present value of the principal on hand of the Estate is \$ _____.

4. The monthly expenses of the Incapacitated Person is \$ _____.

5. The known monthly expenses of the Incapacitated Person are \$ _____.

SECTION C. Dependents

1. Please provide the names and addresses of any dependents of the Incapacitated Person:

	NAME OF DEPENDENT	ADDRESS OF DEPENDENT
1		
2		
3		
4		

SECTION D. Creditors

1. Please list all known claims of the Incapacitated Person’s Creditors:

SECTION E. Previous Distributions

1. Please list all previous requested distributions (*payments*) from the principal Estate of the Incapacitated Person allowed by the Court:

SECTION F. Amount/Reason for Request

1. I am requesting approval of an expenditure from the principal of the Estate of the Incapacitated Person in the amount of \$.
2. Please state the reason(s) for the request and please attach any receipts or bills as exhibits:

Signature of Petitioner or Attorney

Name:

Address:

Telephone Number:

Email Address:

Date:

VERIFICATION

(Please choose one paragraph and cross out the other)

I, _____, verify that I am the Petitioner filing this Petition, or an authorized representative of the Petitioner, familiar with the facts alleged in the Petition, and that the facts alleged are true and correct to the best of my knowledge and belief. I make this statement subject to the penalties of 18 PA C.S.A. §4904 relating to unsworn falsification to authorities.

I, _____, verify that I am not the Petitioner filing this Petition, but that I am familiar with the facts alleged in the Petition, and that the facts alleged are true and correct to the best of my knowledge and belief. The Petitioner is unavailable to sign this Verification because:

I make these statements subject to the penalties of 18 PA C.S.A. §4904 relating to unsworn falsification to authorities.

Signature of Petitioner or Attorney

Name: