

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

20 -X

ESTATE OF [_____],
AN ALLEGED INCAPACITATED PERSON

PETITION TO WAIVE FILING FEES

1. I, _____, Guardian of the Estate of, and/or the Incapacitated Person _____, am requesting a waiver of filing fees with respect to all filings including Guardian's Annual Reports, Inventory and Petitions, concerning _____, an Incapacitated Person.

2. Availability of Assets: _____, an Incapacitated Person:

- a. Has the following total amount of Assets: \$ _____
- b. Receives the following total monthly Income: \$ _____
- c. Has the following total monthly Expenses: \$ _____

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

Signature

Name:

Address:

Telephone Number:

Email Address:

Date: