

In re: \_\_\_\_\_ : IN THE COURT OF COMMON PLEAS  
 : OF ERIE COUNTY, PENNSYLVANIA  
 :  
 an incapacitated person : ORPHANS' COURT DIVISION  
 : No. \_\_\_\_\_

**PETITION FOR COURT APPROVAL**

AND NOW, comes Petitioner(s) and alleges in support thereof as follows:

1. I / We, \_\_\_\_\_,  
 am/are the Guardian(s) / Co-Guardian(s) of the above referenced incapacitated person in  
 the above captioned case and I / we are petitioning this Honorable Court for the following  
 consideration (explain in detail why you are filing the petition and what relief you are  
 requesting from the Court. You may attach documentation to support your claim.):

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2. I / we verify that the statements made in this petition are true and correct to  
 the best of my / our knowledge, information and belief. I / we understand that false  
 statements herein are made subject to the penalties of 18 Pa C.S.A. § 4904, relating to  
 unsworn falsification to authorities.

\_\_\_\_\_  
 Signature  
 Printed name: \_\_\_\_\_  
 Address: \_\_\_\_\_

\_\_\_\_\_  
 Phone: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature (Co-Guardian, if applicable)  
 Printed name: \_\_\_\_\_  
 Address: \_\_\_\_\_

\_\_\_\_\_  
 Phone: \_\_\_\_\_

**\*\*Please note there is a \$50.00 filing fee for this Petition unless fee is waived by the Judge.**

In re: \_\_\_\_\_, : IN THE COURT OF COMMON PLEAS  
an incapacitated person : OF ERIE COUNTY, PENNSYLVANIA  
: ORPHANS' COURT DIVISION  
: No. \_\_\_\_\_

**SCHEDULING ORDER**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, it is hereby **ORDERED, ADJUDGED & DECREED**, this matter is scheduled for a hearing on the foregoing Petition on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m/p.m. in Courtroom \_\_\_\_\_ of the Erie County Courthouse, 140 West 6<sup>th</sup> Street, Erie, PA 16501, before the Honorable \_\_\_\_\_.

**A copy of this Petition shall be served on all parties entitled to receive notice pursuant to Pa. R.O.C.P. Rule 14.2(f)(2)(i-iv).**

It is further ORDERED, that the filing fee for this Petition is *WAIVED / NOT WAIVED*.

By the Court:

\_\_\_\_\_  
J.

**AMERICANS WITH DISABILITIES ACT OF 1990-** The Court of Common Pleas of Erie County is required by law to comply with the Americans with Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals having business before the court, please contact the Court's ADA Coordinator at the Erie County Court of Common Pleas, 140 West Sixth Street, Room 205, Erie, PA 16501, Phone (814) 451-6308, TDD (814) 451-6237, E-mail: [courtadacoordinator@eriecountypa.gov](mailto:courtadacoordinator@eriecountypa.gov). Requests should be made as soon as possible or at least three business days prior to any hearing or business of the court.

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: \_\_\_\_\_,  
an incapacitated person : ORPHANS' COURT DIVISION  
: \_\_\_\_\_  
: No. \_\_\_\_\_

**ORDER**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, it is  
hereby **ORDERED, ADJUDGED & DECREED** as follows: \_\_\_\_\_

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

By the Court:

\_\_\_\_\_  
J.

cc: