

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

PETITION FOR A REVIEW HEARING

(Pursuant to 20 Pa C.S.A. §5512.2)

I, _____, ("Petitioner") hereby request that the Court schedule a review hearing concerning _____, who was adjudged an Incapacitated Person by Final Decree dated _____. My relationship with the Incapacitated Person is as follows:

- Self
- Court-Appointed Guardian
- Relative (*state relationship*) _____
- Other (*state relationship*) _____

I am requesting this review hearing because (*check all that apply*):

- There has been a significant change in the capacity of _____ (name of incapacitated person). The nature of the change is as follows:

- _____ no longer requires the appointment of Plenary Guardian of his/her Person and/or Estate, because: _____

- The Guardian of the Person or Estate appointed by this Court has failed to perform his/her duties or has failed to act in the best interests of the Incapacitated Person. Specifically, the Guardian of the Person or Estate has failed in his/her duties by taking or failing to take the following actions (attach additional pages, if necessary): _____

I am sending a copy of this Petition for Review Hearing to the following interested parties, including the Guardian of the Person and/or the Guardian of the Estate:

Name:

Complete Address:

I 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.

Date: _____

Signature

Printed name: _____

Address: _____

Telephone number: _____

Email address: _____

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

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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 Review Hearing on the _____ day of _____, 20____, at _____ a.m/p.m. in Courtroom _____ of the Erie County Courthouse, 140 West 6th 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. Requests should be made as soon as possible or at least three business days prior to any hearing or business of the court.

