

# 1. Open the report form

In the Upcoming & Overdue Reports section of your Dashboard, click on the Create Report icon for the correct Person report and incapacitated person (IP).



	COURT OF COMMON PLEAS OF
	CENTRE COUNTY, PENNSYLVANIA
	ORPHANS' COURT DIVISION
	Report of Guardian of the Person
	Estate of Witt, Donald, an Incapacitated Person
	Date of Birth: <u>10/10/1941</u>
	Case File No. <u>OC-1107-2021</u>
	DATE COURT APPOINTED YOU AS GUARDIAN: 10/5/2021
PA	ART I. INTRODUCTION
	1. Guardian Name(s)
	Guardian Name(s): Cameron Boggs
	2. Is this a limited Guardianship?
	* Limited Guardianship: No
	3. Report Period
	* Report Type:   Report
	* Report Type: Report  * Report Period Start Date: 10/05/2021

# 3. Part I, #3: Report Period

Click on the **Report Type** dropdown and select the appropriate option.

Only select 'Final Report' if your guardianship of the IP is coming to an end.

#### 2. Part I, #1 & #2:

Name of Guardian & Limited Guardianship

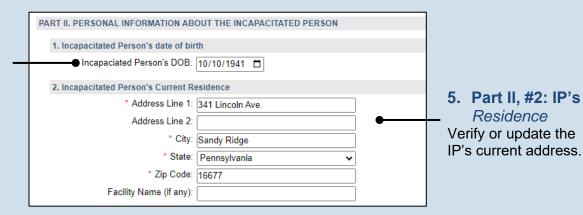
On the GTS – Report of Guardian of the Person screen, confirm that the information appearing under each of these questions is accurate.

If any of the information that defaults is incorrect, contact the court where the case is filed before you proceed with the report.



# **4.** Part II, #1: *IP's DOB*

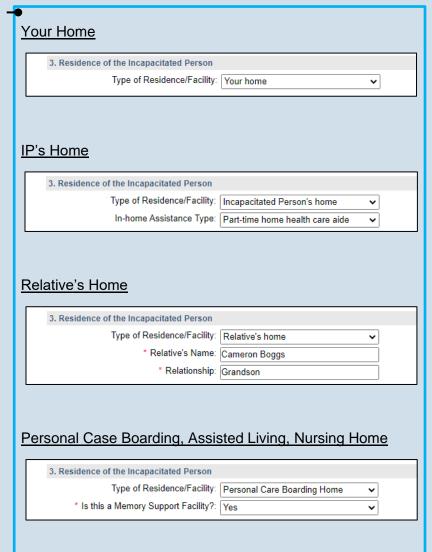
Verify or update the IP's date of birth.



# **6. Part II, #3:** Type of Residence

Click the **Type of Residence/Facility**dropdown and identify
the option that best
describes the IP's
current residence.

- If you choose 'Incapacitated Person's home', you must click on a second dropdown and select the type of home assistance the IP is receiving.
- If you choose 'Relative's home', you must enter the relative's name and relationship (i.e. Child, Sibling, etc.).
- If you choose, 'Group Home', 'Personal Care Boarding Home', Assisted Living Facility, or 'Nursing Home Facility', you must click on a second dropdown and specify if the IP is in a memory support facility.
- If you choose, 'Other', you must describe the residence or facility.





#### 7. Part II, #4: Length of time at residence

If known, enter the date in which the IP began living at the residence or facility identified in Step 5.

#### 9. Part III, #1, Medical Professionals?

If the IP was seen by a medical professional during the reporting period, continue to Step 10.

If the IP was not seen by any medical professionals during the reporting period, or this information is unavailable, proceed to Step 14.

#### 11. Part III, #1 (cont.): Medical Professional Type

Click on the Medical Professional Type dropdown and select the option that best describes the type of professional that the IP visited.

#### 13. Part III, #1 (cont.): Add other medical professionals

Repeat Steps 10-12 for any other medical professionals the IP visited.

	4. The Incapacitated Person has been in the residence noted in question 3 since
	Residence Start: 2022
	5. Has the Incapacitated Person moved during the Report Period?
	Incapacitated Person Relocated: Yes
	* Relocation Date: 05/06/2022
	* Relocation Reason: IP can no longer live alone at their own I
L	* Previous residence/address: 115 Maple Ave. Gettysburg, PA 17325

# PART III. MEDICAL INFORMATION 1. List the medical professionals who have seen the Incapacitated Person during the Report Pe Medical Professional Type Description Name Ear Doctor Dr. Arianna Bloom Medical Doctor Dr. Ronald Lefkowitz

# 8. Part II, #5: Did the IP move?

Click on the dropdown and select 'Yes' or 'No' to specify if the IP moved during the reporting period.

If you selected 'No', continue to Step 9.

If you selected 'Yes', enter the date of the move, the reason(s) for the move, and the IP's previous address.

10. Part III, #1 (cont.): Click the Add Medical Professionals icon

# 12. Part III, #1 (cont.): Name

Click in the **Name** field and enter the name of the doctor or medical professional.



#### 14. Part III, #2:

Medical/ psychiatric problems

List the major medical or psychiatric problems of the IP.

These should only include problems diagnosed by a licensed professional.

# **16. Part III, #4:**Hospitalization

Click on the dropdown and select 'Yes' or 'No' to specify if the IP was hospitalized during the reporting period.

If you selected 'No', continue to Step 17.

If you selected 'Yes', use the **Date(s)** of **hospitalization** field to identify each instance. Continue to Step 17.

2. The major medical or psychiatric problems of the I	ncapacitated Person are as follows
Major medical or psychiatric problems:	
wajor medicar or psychiatric problems.	Dementia, Filatar Fernia, Dermatitis, 300
3. Describe any social, medical, psychological and su	ipport services the Incapacitated Person is
Support services received:	Socializes with staff and peers at day pr
4. Has the Incapacitated Person been hospitalized du	ring the Report Period
* Incapacitated Person Hospitalized:	Yes
Date(s) of hospitalization:	09/09/2022 - 09/15/2022
5. Has the Incapacitated Person received a mental he	alth assessment during the Report Period?
* Incapacitated Person Mental Health Assessment:	Yes
* Date(s) of MH Assessment:	
Date(s) of With Assessment.	12/14/2021

# 15. Part III, #3: Services for the

Click in the field and enter any support services that the IP is receiving.

# 17. Part III, #5: Mental health assessment

Click on the dropdown and select 'Yes' or 'No' to specify if the IP received a mental health assessment during the reporting period.

If you selected 'No', continue to Step 18.

If you selected 'Yes', use the **Date(s) of MH Assessment** field to identify when it occurred. Continue to Step 18.



#### 18. Part IV, #1:

Guardian's opinion

Click on the dropdown and select an option based on your opinion of how the guardianship should proceed.

'Continued' signifies your recommendation that the guardianship should continue under the existing court order.

"Continued with modifications' is your recommendation that the guardianship should continue, but the IP has either gained or lost capacity in one or more areas and the court should modify the existing court order.

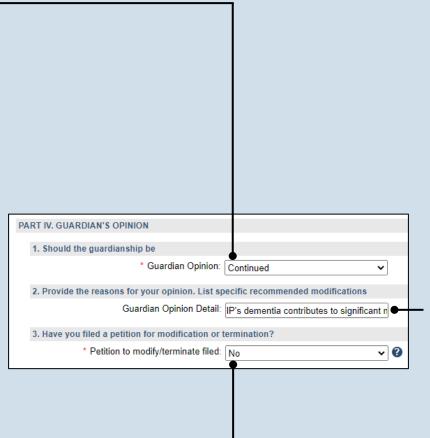
#### 20. Part IV, #3:

Petition for modification or termination?

Click on the dropdown and select 'Yes' or 'No' to specify if you have filed a petition with the court to modify or terminate the guardianship.

# 22. Part V, #2: Average length of visit

Click on the dropdown and select the option that best describes your average length of visit to the IP.



#### 19. Part IV, #2: Explanation

Use the field to list the reasons that support the recommendation you identified in Step 18.

#### 21. Part V, #1: Visitation

Click on the dropdown and select the option that best describes how often you visited the IP during the reporting period.

PART V. INFORMATION ABOUT THE GUARDIAN		
1. On average, how often did you visit the Incapacitated Person during the Report Period?		
* Visitation Frequency: I live with the Incapacitated Person	<b>√</b>	
2. What is the average length of a visit?		
* Visitation Duration: Not Applicable	~	



#### 23. Part V, #3:

Guardianship log

Click on the dropdown and select 'Yes' or 'No' to specify if you've kept a guardianship log.

If you selected 'Yes', you can upload a copy of your log in Step 61. The document must be saved as a PDF. If you are unable to submit the log online, you can submit it through the regular mail.

A log may include things like the services performed for the IP, the date of service, and amount of time spent.

3. Have you maintained a log of your activities as a guardian?
* Guardian Activity Log: Yes
Please attach a copy using the (Upload Document) button found at the bottom of the page
4. Guardianship Training/Certification
* Guardianship Training: Yes
⊕•₁
Participated In Guardian Name Training/Certification Start Date Training/Certification End Date
No results found
<b>←</b>

**24. Part V, #4:** *Training/ Certification* 

Click on the dropdown and select 'Yes' or 'No' to specify if you have participated in guardianship training or received/renewed a certification during the reporting period.

If you selected 'No', proceed to Step 33.

If you selected 'Yes', continue to Step 25.

25. Part V, #4
(cont.): Click
the Add
Training/
Certificates
icon



#### 26. Part V, #4 (cont.): Select an activity

Click on the **Participated In** dropdown and select 'Training' or 'Certification.'

# 28. Part V, #4 (cont.): Training/ certification date

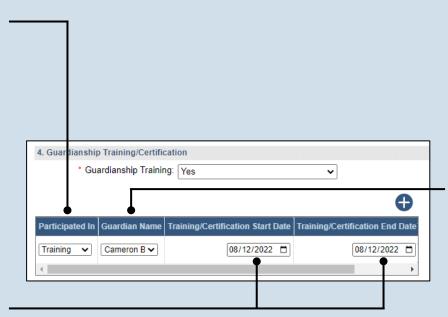
Use the Training/ Certification Start and End Date fields to enter the dates that the training or certification took place.

If you selected 'Training', continue to Step 29. If you selected 'Certification', proceed to Step 31.

If you only want to specify a single date, enter the same date in both fields.

# 30. Part V, #4 (cont.): Description

Click in the **Description** field and provide a brief summary of the training that was completed. Proceed to Step 32.

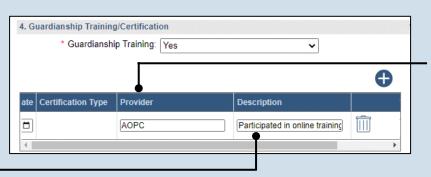


27. Part V, #4 (cont.): Name of quardian

Click on the **Guardian Name** dropdown and select the guardian that received the training or certification.

#### 29.Part V, #4 (cont.): Provider

Click in the **Provider** field and enter the name of the individual, organization, or institution that offered the training.





# 31. Part V, #4 (cont.):

Certification type

Click on the
Certification Type
dropdown and select
the agency that
issued the
certification.

#### 33. Part V, #5: Criminal activity?

Click on the dropdown and select 'Yes' or 'No' to specify if the guardian has been charged or convicted of a crime during the reporting period.

If you selected 'No', proceed to Step 38.

If you selected 'Yes', continue to Step 34.

# 35. Part V, #5 (cont.): Name of guardian

Click on the

Guardian Name

dropdown and select
the guardian that has
been charged or
convicted.

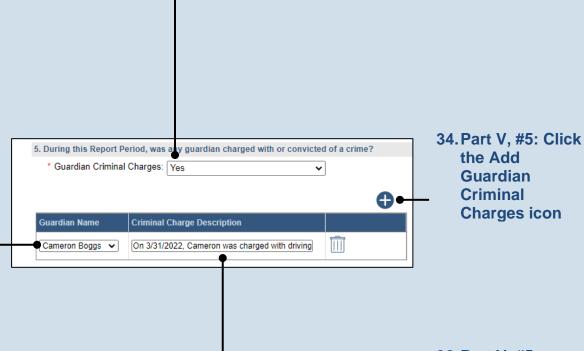
# 37. Part V, #5 (cont.): Add other charges

Repeat Steps 34-36, as needed, for any co-guardians that were charged or convicted of a crime during the reporting period.



32. Part V, #4
(cont.): Add other
trainings/
certifications

Repeat Steps 25-31, as needed, to add any other trainings or certifications.



36. Part V, #5 (cont.):

Description

Click in the Criminal
Charge Description
field and state the
nature of the crime for
which the guardian has
been charged or
convicted.

6. During this Report Period, was a Protection from Abuse Order or Protection from Sexual Violen

The order was entered on 3/3/2022 based on pe

PFA/PFSVI Description

\* Guardian PFA/PFSVI Ordered: Yes

**Guardian Name** 

Cameron Boggs 🗸



# 38. Part V, #6: PFA or PSVI?

Click on the dropdown and select 'Yes' or 'No' to specify if an order for Protection from Abuse (PFA) or Protection from Sexual Violence or Intimidation (PFSVI) was entered against a guardian.

If you selected 'No', proceed to Step 43.

If you selected 'Yes', continue to Step 39.

#### 40. Part V, #6 (cont.): Name of guardian

Click on the

Guardian Name

dropdown and select
the guardian that had
the order entered
against them.

#### 42. Part V, #6 (cont.): Add other orders

Repeat Steps 39-41, as needed, to add this information for any co-guardians that have had a PFA or PFSVI order entered against them. 39. Part V, #6: Click the Add Guardian Criminal Charges icon

41. Part V, #6 (cont.):

Description

Click in the PFA/ PFSVI Description field and summarize the nature of the order that was entered against the guardian.

7. Is there any reason any guardian cannot continue to serve as guardian?

Continued service is no longer in best interest o

Description

\* Guardian Cannot Continue: Yes

Guardian Name

Cameron Boggs 🗸



#### 43. Part V, #7: Guardian Service

Click on the dropdown and select 'Yes' or 'No' to specify if any guardian can no longer serve as a guardian.

If 'No', proceed to Step 57.

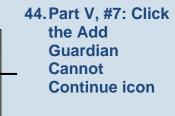
If 'Yes', continue to Step 44.

# **45. Part V, #7** (cont.): Name of guardian

Click on the **Guardian Name** dropdown and select the guardian that can no longer continue to serve.

#### 47. Part V, #7 (cont.): Add other reasons

Repeat Steps 44-46, as needed, to add this information for any co-guardians that can no longer serve as a guardian.



# 46. Part V, #7 (cont.): Description

Click in the **Description** field and briefly summarize why the guardian can no longer serve.



#### 48. Part V, #8:

Guardian Compensation

Click on the dropdown and select 'Yes' or 'No' to specify if you received compensation for your efforts as a guardian.

If 'Yes', continue to Step 49.

If 'No', proceed to Step 57.

# **50. Part V, #8: (cont.):** *Amount*

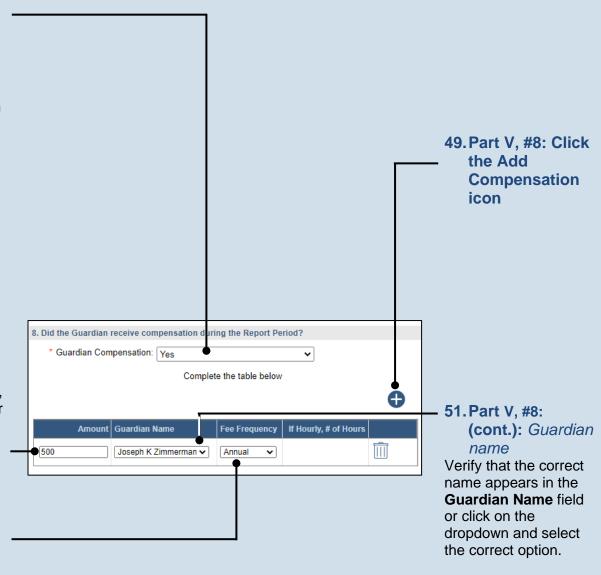
Click in the **Amount** field and enter the total amount, in U.S. dollars, received in payment for guardianship services during the reporting year.

# **52. Part V, #8:** (cont.): Free frequency

Click on the Fee Frequency dropdown and select the option that best describes the time interval in which the guardian routinely charged their fee.

The **Amount** field is sum of <u>all</u> compensation from the reporting year.

The If Hourly, # of Hours field is only used if the Fee Frequency is 'Hourly.' If so, enter the total hours worked during the reporting year.



#### 53. Part V, #8: (cont.): Add other compensation

Repeat Steps 49-52 for any other guardians that received compensation during the reporting period.

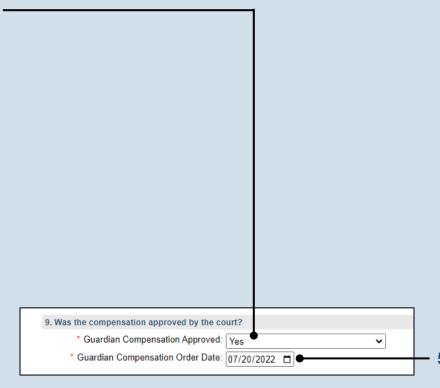


#### 54. Part V, #9: Compensation approved?

If you answered 'Yes' to Question #1 above, click on the dropdown and select 'Yes' or 'No' to specify if the court authorized the compensation to the guardians.

If you answer 'Yes', continue to Step 55.

If you answer 'No', proceed to Step 56.



55. Part V, #9 (cont.): Court order date

Click in the Guardian Compensation Order Date field and enter the date of the order that authorized the compensation.

Proceed to Step 57.

# 56. Part V, #9 (cont.): Explanation

Click in the Guardian Compensation Explanation field and enter a summary that explains why court approval was not obtained to compensate the guardian.



#### 57. Co-guardians?

If there is more than one guardian named on this report under Part I, Question #1, continue to Step 58.

Otherwise, proceed to Step 59.

59. Signature and

**Affirmation** 

You must enter an e-

home, business, or a cell phone number.

In the Signature of

name is preceded by a

/s/. This symbol, when

followed by your name,

is an established way to indicate that you have signed an electronic

document.

Guardian field, your

mail address and a

Verify/update your address information.

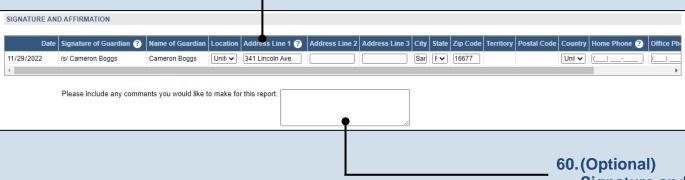
# Do you have the consent of all co-guardians representing the incapacitated person to submit incapacitated person to submit this report to the court. I hereby swear/affirm that the information \* Co-guardian consent: No

## 58. Co-guardians consent

Select the **Yes** or **No** radio button to state whether the report is being submitted with the consent of all guardians.

If you select **Yes**, you must enter at least one phone number and e-mail for each co-guardian.

If you select **No**, coguardians retain the option to file a separate report for the reporting year through the Case Actions tab of the GTS Case screen.



So. (Optional)
Signature and
Affirmation
(cont.):
Comments

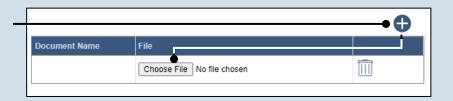
If you have any additional information that you want to provide to the court about the guardianship, enter them in the comments field provided.

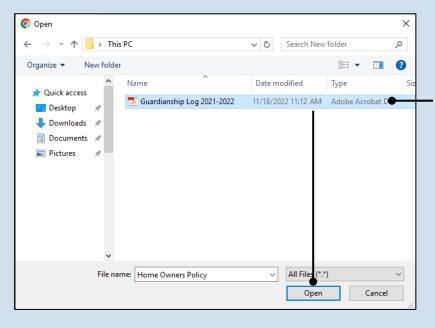


# 61.(Optional) Signature and Affirmation (cont.): Documents

If you have supplemental documents that you want to submit to the court, particularly if you were prompted in Step 23, click the Upload Document icon, and then the CHOOSE FILE button. Continue to Step 62.

If you have no documents to upload, proceed to Step 63.





# 62. Signature and Affirmation (cont.):

**Documents** 

In the popup screen that appears, locate the PDF version of the document you have saved on your computer or a movable storage device. Select the file and click OPEN.

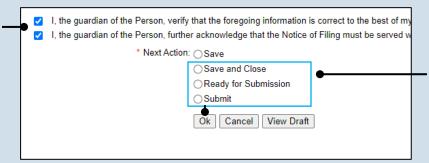
GTS only accepts documents in a PDF format. Documents created in Microsoft Word or Excel can be saved as a PDF using built-in tools. Other PDF making tools are available on the internet.



# 63. Signature and Affirmation (cont.): Checkboxes

Read and select the checkboxes that indicate the information you provided is true and that you will serve a Notice of Filing to the other interested parties on the case.

A copy of the notice of filing form can be obtained at http://www.pacourts.us/forms/for-the-public/orphans-court-forms. This form cannot be served to the eligible recipients through the GTS. This must be completed through other delivery methods (ex. mail, fax, personal delivery, e-mail).



#### 64. File now or later?

Choose one of the following and click OK:

Option 1: If you want to submit this filing now, select the **Submit** radio button and, if payment is required, consult the How to Submit a Filing with a Fee and make a Payment reference guide. This button is only available to those with the authority to submit reports in GTS.

Option 2: If you do not want to submit your filing now, select the **Save and Close** radio button. When you are ready to file, you can access this report through your Dashboard and then follow Option 1.

Option 3: If you want to submit your filing simultaneously with another report, select the **Ready for Submission** radio button. Follow the How to Submit Multiple Reports simultaneously reference guide.

Option 4: If you do not have authority to submit a report in GTS and it must be reviewed by someone else prior to submission, select the **Ready for Review** radio button (not pictured).