

IN RE: \_\_\_\_\_ : IN THE COURT OF COMMON PLEAS  
 : OF BERKS COUNTY, PENNSYLVANIA  
 : ORPHANS' COURT DIVISION  
 : NO. \_\_\_\_\_  
an incapacitated person

**GUARDIAN ACKNOWLEDGMENT OF DUTIES AND LIABILITIES**

I, the undersigned court-appointed guardian, acknowledge that as guardian I have broad, but not unlimited powers, duties, and liabilities as set forth generally in 20 Pa. C.S.A. §5501 *et seq.* and more specifically acknowledge my duties and liabilities under 20 Pa. C.S.A. §5521 and as follows:

***As Guardian of the Person***, I shall:

- Assert the rights and best interests of my ward. \_\_\_\_\_
- Respect to the greatest possible extent my ward's expressed wishes and preferences. \_\_\_\_\_
- Where appropriate, develop a plan of supportive services to meet my ward's needs. \_\_\_\_\_
- Encourage my ward to participate in all decisions which affect my ward, to act on his or her own behalf whenever he or she is able to do so, and to develop or regain, to the maximum extent possible, capacity to manage his or her personal affairs. \_\_\_\_\_

***As Guardian of the Estate***, I shall:

- Take possession of, maintain, and administer each asset of my ward, and make all reasonable expenditures and efforts to preserve the estate. \_\_\_\_\_
- Within three months, file an inventory of my ward's real and personal property and a statement of any property that I expect to acquire thereafter. (Electronically through the Guardianship Tracking System, or in paper form through the Register of Wills office, along with the appropriate filing fee.) \_\_\_\_\_

In ***addition*** to the above duties, as ***Guardian (either of the person or the estate)***, I shall:

- Exercise my powers for the benefit of my ward. \_\_\_\_\_
- Keep the ward's assets separate from my assets. \_\_\_\_\_
- Exercise reasonable caution and prudence. \_\_\_\_\_
- Keep a full and accurate record of all actions, receipts, and disbursements on behalf of the ward. \_\_\_\_\_
- File an *annual report* electronically through the Guardianship Tracking System or, on forms available in the Register of Wills/Clerk of the Orphans' Court office attesting to the information required by 20 Pa.C.S.A. §5521(c). (Filing fee will be charged for paper filings.)  
I shall file a final report within 60 days of my ward's death or adjudication of capacity. \_\_\_\_\_
- Report any change of my address to the Court within ten (10) days. \_\_\_\_\_
- I have been made aware of the Guardianship Tracking System (GTS). \_\_\_\_\_

As ***Guardian of the person and/or the estate***, I understand and acknowledge that any breach of my duty to my ward, such as but not limited to asset misappropriation, may result in civil and even criminal liability. \_\_\_\_\_

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

Guardian's Signature: \_\_\_\_\_

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

Email address: \_\_\_\_\_