

# -SAMPLE "1"-

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY  
FIRST JUDICIAL DISTRICT OF PENNSYLVANIA  
ORPHANS' COURT DIVISION

O. C. NO. \_\_\_\_AI of 20\_\_

Estate of IVANA INCAPACITATED,  
an alleged incapacitated person

PETITION FOR AN EMERGENCY GUARDIANSHIP OF AN ALLEGED  
INCAPACITATED PERSON

TO THE HONORABLE JUDGE OF SAID COURT:

This Petition of the Hospital respectfully states that:

1. Petitioner, Hospital, is (*description, address, etc.*).
2. Respondent is Ivana Incapacitated, a 35 year old female whos date of birth is January 1, 1966.
3. Respondent resides at 123 Main Street, Anytown, PA, 19106.
4. Respondent has the following condition (*detailed description of condition plus any history of condition, affect on others and brief time line*).
5. Respondent is presently (*in an institution, hospital, etc. Any additional information on the type of care currently being received should be inserted here as well*).
6. Due to Respondent's disabilities and/or mental condition, she is unable to effectively receive and evaluate information and to communicate decisions. Respondent is impaired to such a significant extent that she is partially unable to meet essential requirements for her physical health and safety.

7. Respondent runs the risk of (*describe possible ramifications if medical procedures are not performed*).
8. The Hospital is requesting that an Emergency Guardian be appointed to make critical medical decisions on behalf of Respondent, Ivana Incapacitated, including necessary medical intervention to preserve the well-being of Ms. Incapacitated.
9. Respondent's inability to make reasoned decisions in the face of a stressful environment and Respondent's present medical condition (*which requires -- explanation*) in conjunction with Petitioner's inability to locate any family or friends who are willing to serve as guardian, other than GLORIA GUARDIAN, have made less restrictive alternatives unavailable.
10. Respondent is in need of the following medical treatment:  
*Describe the treatment and procedures*
11. Medical services are currently being coordinated by her attending physician, Dr. Docter.
12. The Hospital seeks appointment of an Emergency Guardian of the person of Ivana Incapacitated.
13. The Hospital has been unable to identify any person other than the proposed guardian, who can fulfill these needs.
14. The following persons are believed to be Respondent's only living next of kin: *List*
15. The Hospital has not knowledge regarding Respondent's income except that she has (*whatever information available*).
16. The proposed Emergency Guardian of the person is Gloria Guardian (*describe relationship to Respondent*). She is qualified to serve as guardian because (*reasons*).
17. No court, other than as stated herein, has assumed jurisdiction in any proceedings to

determine the capacity of the alleged incapacitated person.

18. No guardian, other than as stated herein, has been appointed for the person or estate of the alleged incapacitated person.
19. The Hospital does not believe or anticipate that counsel has been or will be retained by or on behalf of Respondent.
20. *Any other important factors that should be considered by the Court.*

WHEREFORE, Petitioner requests that this Court issue a Citation, directed to the alleged incapacitated person, with notice thereof to be given to her next of kin and to such other persons as this Court may direct, to show cause why Gloria Guardian should be appointed Limited Emergency Guardian of her person to grant such other relief as may be appropriate.

Respectfully submitted,