

SAMPLE HEARING OUTLINE

CLIENT NAME

Introduce: \_\_\_\_\_, pro bono counsel to Petitioner \_\_\_\_\_, referral from \_\_\_\_

Petition to Appoint \_\_\_\_\_ Plenary Guardian of the Person and Estate of  
\_\_\_\_\_

Hand up – Certificate of Service of the Citation and, which was read to the AIP along with  
Petition and proposed decrees

Affidavit of Service of Petition showing service to all interested parties, including  
heirs at law

Deposition of \_\_\_\_\_ regarding the AIP’s medical condition and  
incapacity

Deposition Testimony and CV (offer to summarize for Judge)

*Please note that the Judge may handle this himself after you put your witness on the stand.  
Amend this accordingly.*

Medical Condition

Deposition dated \_\_\_\_\_ of XX, MD, who has treated the AIP since XX. Last visit on  
\_\_\_\_\_.

Qualifications: Education, Degree, Work History, How long?

Diagnoses: XX

Conclusions:

XXX Quotes: [“Totally unable to manage his financial resources and cannot meet essential  
requirements for his physical health and safety.”]

[Dependent on the care and supervision of his mother, the Petitioner.]

[Care and supervision by Ms. \_\_\_\_\_[“is the most appropriate and least restrictive environment for  
\_\_\_\_\_.”].

Testimony of Petitioner

Name, age, relationship to AIP (\_\_\_\_\_)

Address

Do you rent or own?

AIP lives with Petitioner in Philadelphia

No other person or company provides residential services?

Who else lives at the house? (husband, \_\_\_\_\_ . . .)

Do you Work? Where? What?

Primary Caretaker since birth

Help providing care:

AIP's income and assets: \$ 8,796, monthly Social Security benefits of \$ 733 per month

Did AIP serve in the armed forces? VA benefits?

[Other heirs (beyond AIP's ) ADULTS WHO WOULD INHERIT]

AIP signed any other papers appointing anyone to take care of him or make decisions for him?

Health care directives?

What you do to assist, given AIP's medical conditions, extent of capacity

XX.]

Medications

Eating

Bathing

Etc.

Buying clothing, Dressing

Others who help in his care? Company? Do you manage them?

Administrative

[Unable to keep properly medicated on his own.]

\_\_\_\_\_needs assistance with personal care, dressing, meal preparation and medications, and needs to be constantly supervised to maintain his safety.

Needs help selecting clothing

Difficulty speaking, understanding; cannot go outside on his own

Totally unable to manage his financial affairs, property and business and to make and communicate responsible decisions

Other less restrictive ways of taking care of \_\_\_\_\_ instead of appointing guardianship?

No. He cannot take care of himself or make any decisions for himself.

Other people who could be better guardians? Would he be better off in an institution being cared for by other people?

[If father is absent;] Has he taken care of \_\_\_\_\_ at any time? Recently?  
Familiar with his needs? [no support or care]

No better way, other than being at home under the care of his mother and his nursing staff, in the company of his sisters

Why did you file this Petition to become a Guardian? Be able to make decisions, doctors would not want to take instructions from me otherwise

Do you have any conflicting interests with the AIP?

RESPONSIBILITIES: Are you aware of requirements to file a report with the Court within 90 days after your appointment as Guardian? and to file annual reports within 12 months and every year after that?

Did you sign a consent to accept these duties? And that you are a US citizen who speaks, reads and writes English?

End of Petitioner Testimony

*Repeat this process if you have additional guardians, though you can ask Witness No. 2 whether she or he heard Witness No. 1's testimony and agrees with it (with regard to the facts in common).*

Argument

Petition duly filed and appropriately served, read in person to AIP, and sent certified mail to all other interested parties including potential heirs at law.

AIP is a resident of Philadelphia.

[Petitioner's Testimony and Medical Doctor's Deposition: **AIP is incapacitated.** –

[A]n adult whose ability to receive and evaluate information effectively and communicate decisions in any way is impaired to such a significant extent that he is partially or totally unable to manage his financial resources or to meet essential requirements for his physical health and safety. **20 Pa. Cons. Stat. Ann. § 5501**

Based on Petitioner and Medical Expert testimony: **There are no less restrictive measures** available other than the appointment of the proposed Guardian. There is no better arrangement for the AIP other than being at home under the care of his mother and his nursing staff, in the company of his sisters.

**No other persons have been previously appointed** and no court has previously taken jurisdiction of this matter.

**Proposed Guardian is qualified to serve as guardian.**

\_\_\_\_\_ – mother, care-taker since birth, has the means to provide shelter and care, is knowledgeable of AIP's needs and experienced in working alongside the staff that assists him.

Any qualified individual, corporate fiduciary, non-profit corporation, or county agency may serve as guardian. **20 Pa. Cons. Stat. Ann. § 5511(f).**

**AIP has no assets, his sole income consists of disability payments**  
and **Proposed Guardian has no interest adverse to the AIP.**

**Request appointment of \_\_\_\_\_ as plenary guardian of \_\_\_\_\_'s–**

**estate** (specifically, but not limited to: all issues relating to cash, checks, bank savings, stocks, bonds, personal property, real property, insurance policies, government entitlements, taxes, execution of documents, entry in contracts and the payment of reasonable compensation for services provided to the person) and

**person** (specifically, living arrangements, medical and psychiatric care, administration of medication, employment and discharge of physicians, and other medical decisions as may be required)