

THE COURTS

Title 231—RULES OF CIVIL PROCEDURE

PART II. ORPHANS' COURT RULES

[231 PA. CODE PART II]

Order Rescinding and Replacing Pennsylvania Orphans' Court Forms G-02, G-03, and G-05; No. 929 Supreme Court Rules Docket

Order

Per Curiam

And Now, this 16th day of December, 2022, upon the recommendation of the Orphans' Court Procedural Rules Committee; the proposal having been submitted without publication pursuant to Pa.R.J.A. 103(a)(3):

It is Ordered pursuant to Article V, Section 10 of the Constitution of Pennsylvania that Pennsylvania Orphans' Court Forms G-02, G-03, and G-05 are rescinded and replaced in the attached form. This Order shall be processed in accordance with Pa.R.J.A. 103(b) and shall be effective January 1, 2023.

ORPHANS' COURT PROCEDURAL RULES COMMITTEE ADOPTION REPORT

Rescission and Replacement of Pennsylvania Orphans' Court Forms G-02, G-03, and G-05

On December 16, 2022, the Supreme Court rescinded and replaced Pennsylvania Orphans' Court Forms G-02, G-03, and G-05 (guardianship annual reports and inventory). The Orphans' Court Procedural Rules Committee has prepared this Adoption Report describing the rule-making process as it relates to these form changes. An Adoption Report should not be confused with Comments to the rules. *See* Pa.R.J.A. 103, Comment. The statements contained herein are those of the Committee, not the Court.

By way of background, the Court previously approved a comprehensive rewrite of the procedural rules governing guardianship matters. *See* Order of June 1, 2018, Supreme Court Docket No. 772; Pa.R.O.C.P. 14.1—14.14, *inter alia*. Numerous forms, including guardianship reports, were adopted as part of the rewrite. With the rules and forms now in use for several years, the Guardianship Tracking System (“GTS”) Governance Committee identified ways in which the forms could be improved.¹ It shared proposed changes to Forms G-02, G-03, and G-05 with the Committee, which then made a recommendation to the Court. Changes from the prior version of the forms are as follows:

Report of Guardian of the Estate (Form G-02):

In Part I. (Introduction), Question 3, reasons for filing a Final Report were updated to reflect possible reasons for filing the Final Report.

In Part V. (Assets), Question 2, an instruction was added to assist the guardian in completing the Report accurately.

In Part V. (Assets), Question 4, a parenthetical was added to assist the guardian in completing the Report accurately.

In Part VIII. (Representative Payee), Question 1a, a clarification was made regarding reports made to the Social Security Administration. In Part VIII. (Representative Payee), Question 1b was changed in the same manner as Question 1a. Additionally, the term “representative payee” was replaced with the term “fiduciary,” to use the proper terminology for Veteran Administration benefits.

In Part IX (Surety Information), Question 2, the word “Total” was added to the parenthetical to assist the guardian in accurately completing the form.

Report of Guardian of the Person (Form G-03):

In Part I. (Introduction), Question 3, reasons for filing a Final Report were updated to reflect possible reasons for filing the Final Report.

In Part II. (Personal Information About the Incapacitated Person), Question 3, changes were made to identify the incapacitated person's place of residence more accurately.

In Part IV. (Guardian's Opinion), Question 1, the word “terminated” was changed to “discharged” to be more consistent throughout the form.

In Part V. (Information About the Guardian), Questions 8 and 9 were added regarding any compensation paid to the guardian during the report period and whether such compensation was approved by the court to enhance consistency in the reporting process and provide the orphans' court with more information about the guardianship.

Guardian's Inventory for an Incapacitated Person (Form G-05): In Part VI. (Personal Care Plan), Question 3, a question was added to obtain the current address of the incapacitated person.

All Forms: Provisions relating to service on the last page of each form were modified in two ways. A reference to changes that became effective June 1, 2019 was eliminated as no longer relevant. Also, a reference to Pa.R.O.C.P. 4.3 was added, which is cross-referenced in Pa.R.O.C.P. 14.8(b) and provides: “Service shall be in accordance with Pa.R.O.C.P. 4.3.” The language was added to Forms G-02, G-03, and G-05 to assist the guardian in identifying the service requirements. The citation format of the rules was also updated. Stylistic and cosmetic changes were made throughout the forms.

The forms take effect on January 1, 2023.

Annex A

TITLE 231. RULES OF CIVIL PROCEDURE

PART II. ORPHANS' COURT RULES

INDEX TO APPENDIX

ORPHANS' COURT AND REGISTER OF

WILLS FORMS

ADOPTED BY SUPREME COURT

PURSUANT TO Pa. O.C. Rule 1.8

Available as Fill-in Forms on Website
of Administrative Office of Pennsylvania Courts
www.pacourts.us/forms/for-the-public/orphans-court-forms
Orphans' Court and Administration Forms

* * * * *

¹ GTS Governance Committee is comprised of staff from AOPC Information Technology, Legal, and the Office of Elder Justice in the Courts, as well as stakeholders, such as orphans' court judges, clerks of the orphans' courts, court administration, and guardians. *See* also Pa.R.O.C.P. 14.8(c).

COURT OF COMMON PLEAS
_____ COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

REPORT OF GUARDIAN OF THE ESTATE

Estate of: _____, an Incapacitated Person
Name of Incapacitated Person

Case File No: _____

DATE COURT APPOINTED YOU AS GUARDIAN: _____

PART I. INTRODUCTION

1. Name(s) of Guardian(s): _____

2. Is this a limited Guardianship?

Yes

No

3. Report Period

This is the **Report** for the period from _____ to _____
(the "**Report Period**"); or

This is the **Final Report** for the period from _____ to _____
(the "**Report Period**") and is filed for the following reason:

The death of the Incapacitated Person.

Date of Death: _____

Name of Executor/Administrator: _____

The Guardian was discharged by a court order dated: _____

Order for Adjudication of Capacity dated: _____

Limited Duration Order Expired, dated: _____

Transfer of Guardianship to: _____

Date of court order approving transfer: _____

PART II. INCOME

1. List all sources of income received during the **Report Period**:

Did the Incapacitated Person receive any of the following?		Amount During Report Period
Alimony or Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuity Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Interest Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
IRA Distributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Long Term Care Insurance Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pension/Retirement Benefits (for example: 401(k), 403(b), etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Rental Property Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Royalties (including from mineral and land rights)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security Benefits (Retirement, Disability, SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Tax Refund	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trust Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Veterans Benefits (disability/pension/aid and attendance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Worker's Compensation Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	TOTAL	\$ 0.00

PART III. ANNUAL EXPENSES

1. List all payments made for the care and maintenance of the Incapacitated Person during the **Report Period**.

Expense	To Whom Was It Paid?	Total for Report Period
Auto Insurance		\$
Cable/Satellite/Internet		\$
Child/Spousal Support/Alimony		\$
Clothing		\$
Condo/Co-op Assessments		\$
Debt (incurred prior to your appointment)		\$
Entertainment		\$
Fees/Costs Paid to Guardian		\$
Food		\$
Gifts - Personal or Charitable		\$
Home Health Care/Personal Aide		\$
Homeowners Insurance		\$
Home/Property Maintenance & Repair		\$
Income Taxes		\$
Life Insurance Premiums		\$
Medical Insurance Premiums		\$
Medical Expenses		\$
Medicine		\$
Mortgage		\$
Nursing Home/Assisted Living/Institutionalized Care		\$
Personal Expenses (including allowance)		\$
Phone/Cell Phone		\$
Real Estate Taxes		\$
Rent		\$
Utilities		\$
Other		\$
	TOTAL	\$ 0.00

2. Does the Incapacitated Person have a credit card(s)? Yes No
 If **yes**, has it been used during this report period? Yes No
 What is the current balance on the credit card(s)? \$ _____

PART IV. COMPARING INCOME AND EXPENSES

1. Total Income (Part II, Question 1 TOTAL): \$ 0.00
 2. Unspent Income from Previous Year (Part IV, Question 5 from Last Year's Report): \$ _____
 3. Add lines 1 and 2 together to calculate this year's TOTAL INCOME: \$ 0.00
 4. Total Expense (Part III, Question 1 TOTAL): \$ 0.00
 5. Subtract line 4 from line 3.
 If amount is positive, enter it here to show UNSPENT INCOME, otherwise enter \$0: \$ 0.00
 6. Subtract line 4 from line 3.
 If amount is negative, enter it here to show PRINCIPAL SPENT, otherwise enter \$0: \$ 0.00
 7. Is line 6, PRINCIPAL SPENT, greater than \$0?
 Yes
 No
 If **yes**, was a court order obtained?
 Yes - Date of Court Order: _____
 No - Explain why court approval was not obtained:

PART V. ASSETS

1. What was the value of the assets reported on the Inventory? \$ _____
 2. List any additional assets received during the **Report Period**? (for example: gifts, inheritance, burial account, lawsuit recovery, etc.) Any currently held asset not previously reported must be reported regardless of when the asset was obtained.

Description/Source	Value at the end of Report Period
	\$
	\$
	\$
	\$
TOTAL	\$ 0.00

3. Where are **all** the assets deposited or held at the end of the **Report Period**?

List of Assets: Type and Location	Co-Owners	Value at the end of Report Period
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$ 0.00

4. Does the incapacitated person own a house/condo/co-op?
(If yes, please make sure the property is listed under assets.)

Yes - Answer Questions a - e No

a. Address of property: _____

b. Does the Incapacitated Person live in the house/condo/co-op? Yes No

c. If purchased during the **Report Period**, what was the purchase price? \$ _____

d. If real property was sold during the **Report Period**, what was the sale price? \$ _____

e. Was a court order obtained if property was purchased or sold?

Yes - Date of Court Order: _____

No - Explain why court approval was not obtained:

5. List any assets transferred to a third party such as a spouse or child.

Asset	Transferred To	Relationship to IP	Amount	Order Date	Explanation
			\$		
			\$		
			\$		

PART VI. GUARDIAN'S COMPENSATION

1. Did the Guardian receive compensation during the **Report Period**?

Yes - Complete the table below No - Skip to Question 3

Amount	Guardian Name	Is Amount Based on Hourly, Monthly or Annual Fee?	If Hourly, # of Hours
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			

2. Was the compensation approved by the court?

Yes - Date of Court Order: _____

No - Explain why court approval was not obtained:

3. Have you maintained a log of your activities as guardian?

Yes - Attach a copy No

PART VII. ATTORNEY'S FEES

1. Were attorney's fees paid during the **Report Period**?

Yes - Complete the table below No - Skip to Part VIII

Amount	Name of Counsel	Hourly Rate	# of Hours	Order Date or Reason Not Approved
\$		\$		
\$		\$		
\$		\$		

PART VIII. REPRESENTATIVE PAYEE

1a. Social Security Administration (SSA) Benefits

- The Incapacitated Person does not receive SSA benefits.
- The Guardian acts as the representative payee. If you were required to provide a report to the SSA during this **Report Period**, please attach a copy.
- The Guardian is not the representative payee for SSA benefits. The payee is _____.

1b. Veterans Administration (VA) Benefits

- The Incapacitated Person does not receive VA benefits.
- The Guardian acts as the fiduciary. If you were required to provide a report to the VA during this **Report Period**, please attach a copy.
- The Guardian is not the fiduciary for VA benefits. The fiduciary is _____.

PART IX. SURETY INFORMATION

1. Was a surety bond required?

- Yes - In what amount \$ _____ - and then answer Questions a - b.
- No - The court waived a surety bond, skip to Question 2.

a. Is the surety bond still in effect?

- Yes
- No - Provide an explanation as to why not.

b. Is the value of the estate at the end of the **Report Period** greater than the amount reported at the end of the prior report period?

- Yes
- No

If **yes**, has the amount of the surety bond been increased?

- Yes. To what amount: \$ _____
- No

2. If you are a professional guardian, agency or an attorney serving as guardian, do you have professional/guardian liability insurance that covers theft?

Yes - Answer Question a and b.

No - Skip to Part X.

N/A

a. Are the coverage limits greater than the assets (Part V, Question 3 TOTAL)?

Yes

No

b. Describe the deductible and any exclusions.

PART X. GUARDIAN INFORMATION

1. During this **Report Period**, did any guardian participate in guardianship training?

Yes

No

If yes, provide the following information:

Guardian Name	Dates of Training		Provider	Training Description
	Starting	Ending		

2. During this **Report Period**, have any judgments been filed against any guardian, or has any guardian filed for bankruptcy protection?

Yes - Please describe

No

Guardian Name

Description

3. During this **Report Period**, was any guardian charged with or convicted of a crime?

Yes - Please describe

No

Guardian Name

Description

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

Guardian Name

Description

PART XI. SUMMARY

1. If this is the first annual report, state the value of the assets reported on the Inventory. (Use amount from Part V, Question 1 of <i>this</i> Report.) (principal)	\$ 0.00
2. If this is not the first annual report, state the Total Assets (principal) from the prior Report. (Use TOTAL amount from Part V, Question 3 of <i>prior</i> Report.)	\$ 0.00
3. What was the total income received during the Report Period ? (Use the amount from Part IV, Question 3 of <i>this</i> Report.)	\$ 0.00
4. What is the total amount of Expenses paid during the Report Period ? (Use the amount from Part III, Question 1 of <i>this</i> Report.)	\$ 0.00
5. What are the Total Assets remaining at the end of the Report Period ? (Use the amount from Part V, Question 3 of <i>this</i> Annual Report.)	\$ 0.00
6. What is the Unspent Income at the end of the Report Period ? (Use the amount from Part IV, Question 5 of <i>this</i> Report.)	\$ 0.00

I verify that the foregoing information is correct to the best of my knowledge, information and belief; and that this verification is subject to the penalties of 18 Pa.C.S. §4904 relative to unsworn falsification to authorities.

I further acknowledge the Notice of Filing must be served within 10 days of the filing of this report pursuant to Pa.R.O.C.P. 14.8(b). Service shall be in accordance with Pa.R.O.C.P. 4.3.

Date

Signature of Guardian of the Estate

Name of Guardian of the Estate (type or print)

Address

City, State, Zip

Home Phone Number

Office Phone Number

Cell Phone Number

Email

Date

Signature of Co-Guardian of the Estate (if applicable)

Name of Co-Guardian of the Estate (type or print)

Address

City, State, Zip

Home Phone Number

Office Phone Number

Cell Phone Number

Email

COURT OF COMMON PLEAS
____ COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

REPORT OF GUARDIAN OF THE PERSON

Estate of: _____, an Incapacitated Person
Name of Incapacitated Person

Case File No: _____

DATE COURT APPOINTED YOU AS GUARDIAN: _____

PART I. INTRODUCTION

1. Name(s) of Guardian(s):

2. Is this a limited Guardianship? Yes No

3. Report Period

This is the **Report** for the period from _____ to _____ (the "**Report Period**"); or

This is the **Final Report** for the period from _____ to _____ (the "**Report Period**") and is filed for the following reason:

The death of the Incapacitated Person.

Date of Death: _____

Name of Executor/Administrator: _____

The Guardian was discharged by a court order dated: _____

Order for Adjudication of Capacity dated: _____

Limited Duration Order Expired, dated: _____

Transfer of Guardianship to: _____

Date of court order approving transfer: _____

IF THIS IS A FINAL REPORT, ONLY COMPLETE PARTS I AND V.

PART II. PERSONAL INFORMATION ABOUT THE INCAPACITATED PERSON

1. Incapacitated Person's date of birth: ____/____/____

2. Incapacitated Person's Current Residence:

3. Nature of Residence of the Incapacitated Person (Select One)

Incapacitated Person's home (with part-time home health care aide *or* 24/7 assistance)

Your home

Relative's home

Relative's Name: _____ Relationship: _____

Domiciliary Care

Facility Name: _____

Is this a Memory Support Facility? Yes No

Personal Care Boarding Home

Facility Name: _____

Is this a Memory Support Facility? Yes No

Group Home

Facility Name: _____

Is this a Memory Support Facility? Yes No

Assisted Living Facility

Facility Name: _____

Is this a Memory Support Facility? Yes No

Nursing Home Facility

Facility Name: _____

Is this a Memory Support Facility? Yes No

Other: _____

4. The Incapacitated Person has been in the residence noted in question 3 since: _____

5. Has the Incapacitated Person moved during the **Report Period**?

Yes

No

If **yes**, date of move: _____

If **yes**, please provide:

Reason for move: _____

Previous residence/address: _____

PART III. MEDICAL INFORMATION

1. List the medical professionals who have seen the Incapacitated Person during the **Report Period**:

	Name
Medical Doctor	
Dentist	
Eye Doctor	
Ear Doctor	
Psychologist or Psychiatrist	
Physical Therapist	
Occupational Therapist	
Social Worker	
Geriatric Caseworker	
Other	

2. The major medical or psychiatric problems of the Incapacitated Person are as follows:

3. Describe any social, medical, psychological and support services the Incapacitated Person is receiving:

4. Has the Incapacitated Person been hospitalized during the **Report Period**?

Yes

No

If **yes**, date(s) of hospitalization: _____

5. Has the Incapacitated Person received a mental health assessment during the **Report Period**?

Yes

No

If **yes**, date(s) of evaluation: _____

PART IV. GUARDIAN'S OPINION

1. Should the guardianship be:

Continued

Continued with modifications

Discharged

2. Provide the reasons for your opinion. List specific recommended modifications.

3. Have you filed a petition for modification or termination?

Yes

No

PART V. INFORMATION ABOUT THE GUARDIAN

1. On average, how often did you visit the Incapacitated Person during the **Report Period**?

I live with the Incapacitated Person

None

Quarterly

Monthly

Weekly

Daily

2. What is the average length of a visit?

- Less than 15 minutes
- Between 15 minutes and 1 hour
- Between 1 and 2 hours
- More than 2 hours
- Not applicable

3. Have you maintained a log of your activities as guardian?

- Yes - Attach a copy
- No

4. During this **Report Period**, did any guardian participate in guardianship training?

- Yes
- No

If **yes**, provide the following information:

Guardian Name	Dates of Training		Provider	Training Description
	Starting	Ending		

5. During this **Report Period**, was any guardian charged with or convicted of a crime?

- Yes - Please describe
- No

<i>Guardian Name</i>	<i>Description</i>
_____	_____
_____	_____

6. During this **Report Period**, was a Protection from Abuse Order or Protection from Sexual Violence or Intimidation Order entered against any guardian?

- Yes - Please describe
- No

<i>Guardian Name</i>	<i>Description</i>
_____	_____
_____	_____

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

Yes - Please describe No

<i>Guardian Name</i>	<i>Description</i>
_____	_____
_____	_____

8. Did the Guardian receive compensation during the **Report Period**?

Yes - Complete the table below No

Amount	Guardian Name	Is Amount Based on Hourly, Monthly or Annual Fee?	If Hourly, # of Hours

9. Was the compensation approved by the court?

Yes - Date of Court Order: _____

No - Explain why court approval was not obtained:

THE COURTS

I verify that the foregoing information is correct to the best of my knowledge, information and belief; and that this verification is subject to the penalties of 18 Pa.C.S. §4904 relative to unsworn falsification to authorities.

I further acknowledge the Notice of Filing must be served within 10 days of the filing of this report pursuant to Pa.R.O.C.P. 14.8(b). Service shall be in accordance with Pa.R.O.C.P. 4.3.

Date

Signature of Guardian of the Person

Name of Guardian of the Person (type or print)

Address

City, State, Zip

Home Phone Number

Office Phone Number

Cell Phone Number

Email

Date

Signature of Co-Guardian of the Person (if applicable)

Name of Co-Guardian of the Person (type or print)

Address

City, State, Zip

Home Phone Number

Office Phone Number

Cell Phone Number

Email

COURT OF COMMON PLEAS
 _____ COUNTY, PENNSYLVANIA
 ORPHANS' COURT DIVISION

GUARDIAN'S INVENTORY FOR AN INCAPACITATED PERSON

Estate of: _____, an Incapacitated Person
Name of Incapacitated Person

Case File No: _____

DATE COURT APPOINTED YOU AS GUARDIAN: _____

PART I: INTRODUCTION

Inventory type:

Initial

Amended

PART II: ASSETS (PRINCIPAL)

- List all bank accounts, real estate, burial accounts, and other personal property below. If the property is owned by both the incapacitated person and others, indicate in the last column the name of the co-owner.

Asset	Value	Name of Co-Owner(s)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL	\$ 0.00	

2. Is any property (specifically bank accounts or real estate) co-owned by the Incapacitated Person and the guardian?

Yes

No

If **yes**:

a. On what date was the property acquired? _____

b. On what date was the guardian's name added? _____

c. The guardian is:

an individual having access or control over the account

an owner of the account

3. Does the Incapacitated Person have a homeowners insurance policy for real property?

Yes(Copy of policy to be provided upon request)

No

If **yes**:

a. Carrier: _____

b. Coverage period: _____

4. Does the Incapacitated Person have an automobile insurance policy?

Yes(Copy of policy to be provided upon request)

No

If **yes**:

a. Carrier: _____

b. Coverage period: _____

5. Does the Incapacitated Person have a safe deposit box?

Yes, in sole name

Yes, in joint name(s). List the name(s) of joint owner(s): _____

No

If **yes**:

a. Location of safe deposit box: _____

b. Are there plans to inventory the contents?

Yes

No

PART III: ANNUAL INCOME

1. List all sources of income for the Incapacitated Person:

Does the Incapacitated Person receive any of the following as income?		Specify Amount
Alimony or Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuity Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Interest Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
IRA Distributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Long Term Care Insurance Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pension/Retirement Benefits (for example: 401(k), 403(b), etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Rental Property Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Royalties (including from mineral and land rights)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security Benefits (Retirement, Disability, SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Tax Refund	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trust Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Veterans Benefits (disability/pension/aid and attendance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Worker's Compensation Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	TOTAL	\$ 0.00

PART IV: LIABILITIES / DEBTS

1. List all debts the Incapacitated Person owes, including mortgages, loans, credit card debt, etc.

Liabilities/Debts	Lender	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL DEBTS:	\$ 0.00

PART V: GUARDIAN COVERAGE

1. Was a surety bond required by the decree appointing you as guardian?

- Yes (Please attach a copy of the bond)
- No

2. Are you a professional guardianship agency or an attorney serving as a guardian?

- Yes
- No

If **yes**, do you have professional liability coverage?

- Yes (Please attach a copy of the insurance policy)
- No

If **no**, explain: _____

PART VI: PERSONAL CARE PLAN

1. Can the Incapacitated Person remain in his or her current residence with assistance, or in the home of a relative?

- Yes
- No
- N/A - The Incapacitated Person is already in a supervised residential setting

If **yes**:

a. List the name of the responsible family member:

b. What services does the Incapacitated Person require?

Services from local Area Agency on Aging

Private Companion/Assistance Service

Number of days per week: _____

Number of hours per week: _____

Assistance from family members

Will compensation be provided?

Yes

No

If **yes**, indicate compensation amount: \$ _____

2. Will the Incapacitated Person be moved into a supervised residential setting?

- Yes
- No
- N/A - The Incapacitated Person is already in a supervised residential setting

If **yes**:

a. Indicate the type of supervised residential setting:

Domiciliary Care

Personal Care

Boarding Home / Group Home

Assisted Living Facility

Nursing Home

Other

b. Describe the steps that are being taken to move the Incapacitated Person into a supervised residential setting.

3. What is the current address of the Incapacitated Person?

PART VII: FINANCIAL PLAN

1. Complete the following table using initial inventory or most recent amended inventory.

a. Total Annual Income (Part III, Question 1)	\$ <u>0.00</u>	d. Total assets (principal) (Part II, Question 1)	\$ <u>0.00</u>
b. Annual estimated expenses	\$ _____		
c. Net Income (a minus b)	\$ <u>0.00</u>		

2. Is the net income listed above sufficient to care for the needs of the Incapacitated Person?

- Yes
- No, but assets (principal) are available if a court order approves expenditures
- No, and assets (principal) are not available

3. Indicate any applications for government benefits that have been submitted:

Application Type	Date of Submission
Social Security Disability Insurance (SSDI)	
Supplemental Security Income (SSI)	
Social Security Retirement Benefits	
Veterans Benefits	
Medical assistance, Long term care	
Medical assistance, Home Waiver	
Other (Explain: _____)	

4. Describe all real estate included in the estate and how it will be maintained or sold:

5. Prior to the appointment of a guardian, has an agent under a Power of Attorney been serving?

- Yes
- No

If **yes**, has an accounting ever been requested or filed with the Orphans' Court?

- Yes
- No

If **yes**, was the agent the same person as the guardian?

- Yes
- No

PART VIII: MEDICAL INFORMATION

1. Is a "no-code" (Do Not Resuscitate) provision in place for the incapacitated person?

- Yes
- No

2. When still capacitated, did the Incapacitated Person execute a durable power of attorney for health care or some other health care directive (including, but not limited to, a POLST, a living will, or a mental health care power of attorney)?

- Yes
- No

If **yes**, identify the authorized agent for making health care decisions:

3. Are you aware of any will or trust executed by the Incapacitated Person, or any funeral or burial wishes of the Incapacitated Person?

Yes

No

If **yes**, please explain:

Has a burial account been established for the Incapacitated Person?

Yes

No

If **yes**, what is the value of the burial account? \$ _____

I verify that the foregoing information is correct to the best of my knowledge, information and belief; and that this verification is subject to the penalties of 18 Pa.C.S. §4904 relative to unsworn falsification to authorities.

I further acknowledge the Notice of Filing must be served within 10 days of the filing of this report pursuant to Pa.R.O.C.P. 14.8(b). Service shall be in accordance with Pa.R.O.C.P. 4.3.

Date

Signature of Guardian of the Estate

Name of Guardian of the Estate (type or print)

Address

City, State, Zip

Home Phone Number

Office Phone Number

Cell Phone Number

Email

Date

Signature of Co-Guardian of the Estate (if applicable)

Name of Co-Guardian of the Estate (type or print)

Address

City, State, Zip

Home Phone Number

Office Phone Number

Cell Phone Number

Email

Title 255—LOCAL COURT RULES**INDIANA COUNTY****Increase in Fees for Court-Appointed Guardians of Medicaid Recipient Incapacitated Persons; Administrative Order No. 32-22-0785**

And Now, this 12th day of December, 2022, in consideration of the recent increase in permitted maximum monthly guardianship fees in Medicaid cases from \$100.00 per month to \$300.00 per month effective January 1, 2023, it is hereby *Ordered* and *Decreed* that, effective January 1, 2023, all currently serving Indiana County court-appointed professional guardians who had previously been court authorized to receive monthly monetary compensation (e.g. \$100.00 per month) from Medicaid in Indiana County guardianship cases, are now authorized to receive \$300.00 per month from Medicaid in those cases, without need to file a petition seeking that fee increase. The Indiana County District Court Administrator shall post notice of this Order and shall send copies of this Order to all known professional/corporate court-appointed guardians.

By the Court

THOMAS M. BIANCO,
President Judge

[Pa.B. Doc. No. 22-2021. Filed for public inspection December 30, 2022, 9:00 a.m.]

Title 255—LOCAL COURT RULES**INDIANA COUNTY****Victim Services Fee; 459 MD 2022****Administrative Order of Court**

And Now, this 12th day of December, 2022, it is hereby *Ordered and Directed* that the Crime Victim Services and Compensation Act 77 of 2022 assessment is established at \$140 total cost. Pursuant to 18 P.S. § 11.1101(b)(4), this cost shall be paid into the Crime Victim Services and Compensation Fund except that 70% of any costs which exceed \$60 shall be paid into a local victim services fund established by the county treasurer. The county treasurer shall disperse the money from the local fund at the discretion of the county district attorney. The effective date of this Order shall be January 2, 2023.

In accordance with Pa.R.J.A. 103(d), it is further *Ordered* that the District Court Administrator shall distribute this Order to the Legislative Reference Bureau for publication in the *Pennsylvania Bulletin*, file one copy with the Administrative Office of Pennsylvania Courts, and publish the Order on the Indiana County website.

By the Court

THOMAS M. BIANCO,
President Judge

[Pa.B. Doc. No. 22-2022. Filed for public inspection December 30, 2022, 9:00 a.m.]

Title 255—LOCAL COURT RULES**LUZERNE COUNTY****Adoption of Family Court Rules; No. 00003 of 2022****Order**

And now, this 15th day of December, 2022, it is hereby *Ordered* and *Decreed* as follows:

1. The Luzerne County Court of Common Pleas hereby adopts the following Luzerne County Family Law Court Rules hereto.

2. Pursuant to Pa.R.J.A. 103(d) and Pa.R.C.P. 239(c), the following Luzerne County Family Law Court Rules shall be disseminated and published in the following matter:

a. One copy via email to the Administrative Office of Pennsylvania Courts;

b. Two paper copies to the Legislative Reference Bureau for publication in the *Pennsylvania Bulletin* and one electronic copy via e-mail saved in a Microsoft format to bulletin@palrb.us;

c. One copy for publication on the Court's website, located at www.luzernecounty.org and,

d. One copy to the Luzerne County Office of Court Administration, *Luzerne Legal Register*, and the Luzerne County Clerk of Judicial Records for public inspection and copying.

3. It is further *Ordered* that the effective date of this Order shall be thirty (30) days after the date of Publication in the *Pennsylvania Bulletin*.

4. It is further *Ordered* that these local rules shall be kept continuously available for public inspection and copying in the Office of Judicial Services and Records of Luzerne County.

By the Court

MICHAEL T. VOUGH,
President Judge

PRACTICE AND PROCEDURAL GENERALLY**Rule 205.2(b). Filing of Legal Papers with the Clerk of Judicial Records.**

All pleadings and other documents submitted for filing with the Clerk of Judicial Records shall contain the following:

(1) The correct caption of the case, including the names of the parties, the docket number and the division of the court;

(2) A title indicating the nature of the documents;

(3) The name, address, telephone number, fax number, e-mail address and Supreme Court identification number of the attorney filing the document;

(4) If the party filing the document is not an attorney, the name, address, telephone number and e-mail address of such party.

Rule 206.4(d). Procedure for Issuance of Rule to Show Cause.

(1) A Petition for Special Relief and/or Contempt in a divorce action is to be presented with a Rule to Show Cause for a hearing either in Motion Court or via e-mail. Once a Rule to Show Cause has been issued and a return date has been assigned, the moving party shall file the executed Rule to Show Cause indicating the assigned

return date, the underlying motion/petition, a comprehensive brief in support, a proposed order, and a certificate of service with the Clerk of Judicial Records. The moving party shall within three (3) days of filing the aforementioned, serve a time-stamped copy of the same upon all opposing parties and deliver a copy to the chambers of the assigned judge to the case.

(2) Within fifteen (15) days of service of the Rule to Show Cause, the underlying motion/petition, a comprehensive brief in support and a proposed order, the opposing party must file an answer, comprehensive brief and a certificate of service with the Clerk of Judicial Records. The opposing party shall within three (3) days of the filing of the answer, serve the same upon all parties and deliver a copy to the chamber of the assigned judge to the case.

(3) Where the moving party is seeking immediate relief in addition to the issuance of the rule to show cause and/or where the relief requested has the effect of a stay of proceedings pending the resolution of the matter subject to the rule to show cause, a party seeking the same shall present the rule to show cause along with the underlying motion/petition, a comprehensive brief in support, and a proposed order to Motions Court for consideration. When appropriate in the context of the proceedings, notice shall be given to the other party.

(4) If the moving party fails to file a comprehensive brief in support, as required by this Rule, the opposing party may present a motion to dismiss to Motions Court for dismissal of the matter.

(5) Service shall be made immediately after filing by hand delivering, mailing, or emailing to all parties.

(6) Proof of service shall be filed and shall be by written acknowledgement of service by affidavit of the person making service, or by certification of counsel.

Rule 208.3(c). Motion to Compel Answers to Interrogatories and/or Responses to Requests for Production of Documents.

A Motion to Compel Answers to Interrogatories and/or Responses to Requests for Production of Documents, where no objections have been filed, shall be presented to the Motions Judge, either in person or by e-mail to familycourtmotions@luzernecounty.org, along with a proposed order requiring the opposing party to provide full and complete answers and/or responses within thirty (30) days or suffer such sanctions as the court deems necessary.

Notice of Intention to Present any such Motions to Compel must be provided to all parties of record not less than three (3) business days prior to the date of presentation and must be attached to the Motion. A brief in support of the Motion shall not be required.

SUPPORT RULES

Rule 1910.1. Scope.

Except as otherwise stated, the practice and procedure to enforce a duty of support obligation to pay alimony pendente lite or alimony shall be governed by Pennsylvania Rules of Civil Procedure 1910.1 to 1910.50.

Rule 1910.4-1. Domestic Relations Section.

(a) The Court of Common Pleas of Luzerne County hereby establishes the Domestic Relations Section.

(b) The Clerk of the Domestic Relations Section shall be appointed by the Court and known as the Recording Clerk.

(c) *Powers*

The Director, Deputy Director, Conference Officer, Domestic Relations Support Officer, Probation/Enforcement Officer and Domestic Relations Hearing Officer shall have the power and duty to administer oaths and affirmation in all actions and proceedings relating to support, alimony pendente lite or alimony and to exercise such other powers and perform such other duties relating thereto as may be necessary for the performance of the functions of the Section and/or as directed by Order or Rule of Court.

Rule 1910.6-1. Representation.

Representation in all matters relating to support, alimony pendente lite or an enforcement of an alimony obligation shall be governed by Pa.R.C.P. 1930.8 including, specifically, withdrawal of counsel.

Rule 1910.10. Hearing Procedures.

Pursuant to certification of the President Judge of this Judicial District, all support and alimony pendente lite proceedings shall be conducted in accordance with Pa.R.C.P. 1910.12.

Rule 1910.12(e). Brief on Exceptions.

Within ten (10) days of the filing of exceptions by either party, the proponent shall file with the Domestic Relations Recording Clerk a comprehensive brief in support of the exceptions, unless the time for filing the brief is extended upon court order for good cause. The opposing party's brief shall be filed within ten (10) days of the proponent's brief. Copies of briefs shall be served upon the opposing party or counsel. If the party filing the exceptions fails to file a brief, the Court may dismiss the exceptions.

Rule 1910.12.1. Continuances.

(a) Requests to continue a conference shall be made to the assigned conference officer no later than forty-eight (48) hours before the time set for the conference with notice to the opposing party or counsel. No hearing scheduled before the Hearing Officer shall be continued in the absence of a written Motion, signed by the party and his or her attorney of record, if any, containing a meritorious reason therefore.

(b) A motion for a hearing before the Hearing Officer on behalf of a party shall be made as soon as the reason for the continuance is known, but no later than forty-eight (48) hours before the time set for the hearing. A later Motion shall be entertained only when the opportunity therefore did not previously exist or the interest of justice requires it.

(c) Notice of the intention to file the Motion for Continuance must be served on the opposing party and his or her counsel of record, if any, not less than forty-eight (48) hours before the Motion will be presented, unless the opportunity to do so did not exist; and state whether the opposing party concurs or objects to the continuance. No continuance shall be granted ex parte.

Rule 1910.17. Orders for Payment of Support, Alimony and Alimony Pendente Lite.

Pursuant to Section 3704 of the Divorce Code, 23 Pa.C.S.A. § 3704, all payments of child and spousal support, alimony or alimony pendente lite shall be paid to the Domestic Relations Section. All marital settlement agreements whether incorporated or merged in a divorce decree shall be required to specifically state the alimony shall be paid to and collected by the Luzerne County Domestic Relations Section and shall be filed immediately upon issuance.

Rule 1910.19. Modification or Termination.

(a) No conference or hearing on a Petition for Modification may be scheduled within one hundred eighty (180) days of the date of the existing Order of Support or Alimony Pendente Lite unless waived by the existing order.

(b) Petitions for modification, termination, or enforcement of alimony shall be presented to and heard by the assigned Family Court Judge and not the Domestic Relations Section.

CUSTODY PROCEDURES**Rule 1915.4-1. Alternative Hearing Procedures for Partial Custody Actions.**

(d) All custody proceedings generally are conducted in accordance with Pa.R.C.P. No. 1915.4-2.

Rule 1915.4-2. Partial Custody. Conciliation Conference. Record Hearing. Exceptions. Service of Pleading Filed Six Months from the date of Court Order. Procedure for Scheduling of Trial.*(a) Conciliation Conference*

(1) The Court shall appoint one or more persons as Custody Hearing Officers to: (1) conciliate custody cases filed with the Court; (2) recommend to the Court Interim Orders relating to partial custody or supervised physical custody of the child or children following a record hearing. Hearing officers shall not make a recommendation to the Court on matters relating to the award of primary physical custody, shared physical custody or legal custody of the child or children.

(2) At the conclusion of the conference, if an agreement relating to primary physical custody, shared physical custody or legal custody has not been reached, and the Court's calendar does not permit the scheduling of a prompt custody trial, then a brief Evidentiary Hearing shall then be scheduled promptly before a judge addressing the issues of physical custody and/or legal custody of the children. The Court shall then enter an Interim Order pending further Order of Court or trial on the merits in accordance with Pa.R.C.P.1915.4(b)(c) and (d).

All parties must file a Request for a Custody Trial within twenty (20) days of the date of the Interim Order issuing from the Evidentiary Hearing and serve a copy of same upon the judge's chambers and upon all parties. In the event no request is made for a Custody Trial by either party within twenty (20) days, then the Interim Order shall become a Final Order. Any other issues not related to primary physical custody, shared physical custody and/or legal custody, shall be addressed by a Custody Hearing Officer, if necessary.

In the event the Court's calendar allows for the prompt scheduling of a trial on the merits following a Conciliation Conference, then the scheduling of an Evidentiary Hearing shall not be necessary.

(3) All custody matters not specifically reserved to the Court shall be scheduled for a Conciliation Conference before the Custody Hearing Officer. All parties shall attend such conference. Failure of a party to appear at the conference, following service of the pleading, may result in the entry of an Order as non-contested.

(4) To facilitate the conciliation process and encourage settlement exchange between the parties and their respective counsel, settlement proposals shall not be admissible as evidence in Court. The Custody Hearing Officer may not be a witness for any party.

(5) More than one Conciliation Conference or Record Hearing may be scheduled by the Custody Hearing Officer.

(6) In the event that the parties are able to reach an agreement during the Conciliation Conference, the Custody Hearing Officer shall prepare and transmit the agreed upon Order to the Court for adoption.

(7) Counsel or self-represented parties may submit to the Court a signed stipulation and proposed Order within thirty (30) days of any scheduled Conciliation Conference. The executed stipulation must be witnessed by counsel or notarized for self-represented parties. Failure to submit a fully executed or notarized Stipulation and Order to the Court within thirty (30) days shall render the Stipulation null and void.

(8) At the conclusion of the Conciliation Conference, if an agreement relating to partial custody or supervised physical custody has not been reached, the parties shall be given notice of the date, time and place of a Record Hearing before a Custody Hearing Officer, which may be the same day, but in no event shall be more than forty-five (45) days from the date of the conference.

(b) Record Hearing

(1) The hearing shall be conducted by a Custody Hearing Officer who must be a lawyer, and a record shall be made of the testimony. A Hearing Officer who is a lawyer employed by, or under contract with, a judicial district or appointed by the court shall not practice law before a conference officer, hearing officer or any judge of the 11th judicial district.

(2) The Custody Hearing Officer shall receive evidence and hear argument. The hearing officer may recommend to the court that the parties and/or subject child or children submit to an examination and evaluation by experts pursuant to Rule 1915.8.

(3) Within ten (10) days of the conclusion of the hearing, the Custody Hearing Officer shall file with the court a report containing a recommendation with respect to the entry of an order of partial custody or supervised physical custody. The report may be in narrative form stating the reasons for the recommendation and shall include a proposed order, including a specific schedule for partial custody or supervised physical custody.

In the event the proposed Order is approved by the court, an Interim Order may be issued by the court adopting the Master's Report and Recommendation. The court shall serve the Interim Order together with Master's Report and Recommendation upon all parties.

(4) Within twenty (20) days after the date the Interim Order is mailed or received by the parties, whichever occurs first, any party may file exceptions to the Interim Order or any part thereof, to rulings on objections to evidence, to statements or findings of fact, to conclusions of law, or to any other matters occurring during the hearing. Each exception shall set forth a separate objection precisely and without discussion. Matters not covered by exceptions are deemed waived unless, prior to the entry of the final order, leave is granted to file exceptions raising those matters. If exceptions are filed, any other party may file exceptions within twenty (20) days of the date of service of the original exceptions. A brief in support of the Exceptions shall not be required.

(5) Exceptions filed to an Interim Order shall be served upon all opposing counsel or parties, as well as to familycourtmotions@luzernecounty.org.

(6) If no exceptions are filed within the twenty-day (20) period, then the Interim Order shall become a final Order.

(7) If exceptions are filed, the court shall hear argument on the exceptions within forty-five (45) days of the date that the last party filed exceptions, and enter an appropriate final order within fifteen (15) days of argument.

(c) *Service of Pleading Filed Six Months from the date of Court Order*

Service of a Pleading other than original process shall be made upon counsel of record except, if no pleading has been filed within six (6) months of the date of the last Order, any subsequent pleading shall be served on both opposing party and counsel of record.

(d) *Procedure for Scheduling of Trial*

In the event there is a request for trial by a party seeking primary physical custody, shared physical custody and/or legal custody of a child and/or relocation with a child, the party shall advise the hearing officer at the conciliation conference of the same who will then schedule the case for a pre-trial conference and a trial before a judge.

The pre-trial conference may be waived by agreement of counsel or self-represented parties who must advise the court of the waiver in writing within seven (7) days of the pre-trial conference date.

Rule 1915.13. Special Relief.

(a) Unless otherwise directed by the Court, a brief in support of the Petition for Special Relief shall not be required.

(b) A Petition for Special Relief is to be presented with a Rule to Show Cause for a hearing either in Motions Court or via e-mail to familycourtmotions@luzernecounty.org. Once a rule to show cause has been issued and a return date has been assigned, the moving party shall file the executed rule to show cause indicating the assigned return date, the underlying petition, a proposed order, and certificate of service with the Clerk of Judicial Records and shall, within three (3) days, serve a time-stamped copy of the aforementioned upon all opposing parties and deliver a copy to the chamber of the judge who is assigned to the case.

(c) Where the moving party is seeking immediate relief in addition to the issuance of the Rule to Show Cause and/or where the relief requested has the effect of a stay of proceedings pending the resolution of the matter subject to the Rule to Show Cause, a party seeking the same shall present the Rule to Show Cause along with the underlying petition and a proposed order to the Motions Court for consideration. When appropriate in the context of the proceedings, notice shall be given to all other parties.

(d) Service shall be made immediately after filing by hand delivering, mailing, or emailing to all parties.

(e) Proof of service shall be filed and shall be by written acknowledgement of service, by affidavit of the person making service, or by certification of counsel.

DIVORCE PROCEDURES

Rule 1920.1(b). Conformity to Civil Action.

Except as otherwise stated, the procedure in a divorce action shall be in accordance with the PA Rules of Civil Procedure.

Rule 1920.42(d). Certification of Hearing Officer's Fees.

When a Hearing Officer in Divorce has been appointed, prior to filing the Praecipe to Transmit Record, a Certification must be filed verifying that the Hearing Officer's fees have been paid or an eligibility for Waiver of fees and costs petition was granted by the Court.

Rule 1920.51(f). Motion to Continue Divorce Hearing before a Hearing Officer. Form of Motion.

(1) A Motion to Continue the Divorce Hearing must be in the form prescribed by Luz.Co.R.C.P. 1920.51(b)(3) and filed with the Office of Judicial Services and Records (Prothonotary) five (5) days prior to the scheduled date of the Divorce Hearing.

Simultaneously, the moving party shall serve a copy of the filed motion and proposed order upon opposing party or counsel and the familycourtmotions@luzernecounty.org.

After the Court issues an order on the motion for continuance, the moving party shall serve a copy of the filed order upon opposing party or counsel and the Hearing Officer in Divorce.

(2) The Court may entertain a Motion filed later than five (5) days before the scheduled date of the Divorce Hearing when an exigent or emergency circumstance arises within said five (5) day period or in the interest of justice.

(3) Form of Motion to Continue Divorce Hearing before a Hearing Officer:

(Caption)

1. The Divorce hearing is scheduled on _____ .
2. The party requesting the continuance of the Divorce Hearing is _____ whose address is _____ and represented by _____ .
3. Opposing party is _____ whose address is _____ and represented by _____ .
4. The Divorce Hearing has been continued _____ times by Plaintiff and _____ times by Defendant.
5. For any and all previous continuances, state the date of each continuance and the reason for each continuance:
6. State the reason for this request to continue the Divorce Hearing:
7. Before this Motion for Continuance was filed, on _____ (date), I served a copy of this Motion and the proposed Order upon opposing party or their counsel. If service was not made, state the reason:
8. This Motion to Continue the Divorce hearing is _____ OPPOSED or _____ UNOPPOSED by opposing party or their counsel. If Opposed, state the reason:
9. By signing this Motion, Attorney represents that their client consents to this request to continue the Divorce Hearing.

Date: _____

 Moving Party or
 Attorney for Moving Party

Rule 1920.55-2. Exceptions to Hearing Officer's Report and Recommendation.

(b) Within twenty (20) days of the date of receipt or the date of mailing of the Hearing Officer's Report and Recommendation, whichever occurs first, any party may file exceptions to the report, or any part thereof, to

rulings on objections to evidence, to statements or findings of fact, to conclusions of law, or to any other matters occurring during the hearing. Each exception shall set forth a separate objection precisely and without discussion. Matters not covered by exceptions are deemed waived unless, prior to entry of the final decree, leave is granted to file exceptions raising those matters.

(1) If a party files exceptions, that party shall simultaneously serve a filed copy of the exceptions upon the opposing party and to familycourtmotions@luzernecounty.org.

(2) If the party filing exceptions has presented a Motion for Transcript of the divorce hearing on or before the date of the filing of the exceptions and received an Order granting the transcription of the divorce hearing, then said party shall file their brief in support of their exceptions within twenty (20) days of the receipt of said transcript. Said brief shall cite cases, statutes and rules that support their exceptions. Upon filing said brief, a copy of said brief shall be simultaneously served upon the opposing party.

(3) If the party filing exceptions has not requested a transcription of the divorce hearing, then said party shall file the brief in support of the exceptions simultaneously with the filing of the exceptions. Said brief shall cite cases, statutes and rules that support the exceptions. Upon filing said brief, a copy of said brief shall be simultaneously served upon the opposing party.

(c) If exceptions are filed, any other party may file exceptions within twenty (20) days of the date of service of the original exceptions. The court shall hear argument on the exceptions and enter a final decree.

(1) If the other party filing exceptions has presented a Motion for Transcript of the divorce hearing on or before the date of the filing of the exceptions and received an Order granting the transcription of the divorce hearing, then said party shall file the brief in support of the exceptions within twenty (20) days of the receipt of said transcript. Said brief shall cite cases, statutes and rules that support their exceptions. Upon filing said brief, a copy of said brief shall be simultaneously served upon the opposing party.

(2) If the other party filing exceptions has not requested a transcription of the divorce hearing, then said party shall file the brief in support of the exceptions simultaneously with the filing of the exceptions. Said brief shall cite cases, statutes and rules that support the exceptions. Upon filing said brief, a copy of said brief shall be simultaneously served upon the opposing party.

[Pa.B. Doc. No. 22-2023. Filed for public inspection December 30, 2022, 9:00 a.m.]

Title 255—LOCAL COURT RULES
LYCOMING COUNTY
Amendments to the Rules of General Court Business; CV-00006-2022

Order

And Now, this 5th day of December 2022, it is hereby *Ordered and Directed* as follows:

I. The “Lycoming County Rules of General Court Business” are hereby renamed to “Lycoming County Rules of Judicial Administration” to conform to statewide practice.

II. The Prothonotary is directed to do the following:

A. File one (1) copy of this order with the Administrative Office of Pennsylvania Courts;

B. Distribute two (2) copies and a computer disk of this order to the Legislative Reference Bureau for publication in the *Pennsylvania Bulletin*; and

C. Forward one (1) copy of this order to the chairperson of the Lycoming County Customs and Rules Committee.

III. The chairperson of the Lycoming County Custom and Rules Committee is directed to do the following:

A. Publish this order on the Lycoming Law Association website at <https://www.lycolaw.org>; and

B. Include this name change within the complete set of local rules no later than 30 days following publication in the *Pennsylvania Bulletin*.

IV. The name change shall become effective 30 days after the publication of this order in the *Pennsylvania Bulletin*.

By the Court

NANCY L. BUTTS,
President Judge

[Pa.B. Doc. No. 22-2024. Filed for public inspection December 30, 2022, 9:00 a.m.]

DISCIPLINARY BOARD
OF THE SUPREME COURT
Notice of Administrative Suspension

Notice is hereby given that the following attorneys have been Administratively Suspended by Order of the Supreme Court of Pennsylvania dated November 16, 2022, pursuant to Rule 111(b) Pa.R.C.L.E., which requires that every active lawyer shall annually complete, during the compliance period for which he or she is assigned, the continuing legal education required by the Continuing Legal Education Board. The Order became effective December 16, 2022 for Compliance Group 1.

Notice with respect to attorneys having Pennsylvania registration addresses, which have been administratively suspended by said Order, was published in the appropriate county legal journal.

Al-Uqdah, Andaiye
Lawnside, NJ

Boatright, Micajah Daniel
Houston, TX

Carelli, Eliana Jennifer
Lynchburg, VA

Crockett, David C.
Estero, FL

Cupaiuolo, Alice I.
Deptford, NJ

Desjardins, Douglas Peter
Washington, DC

England, Margaret Fleming
Wilmington, DE

Ezeife, Nnamdi
Seattle, WA

Hill, Michael Anthony
Peninsula, OH

Imbesi, Anthony Mario
Haddonfield, NJ

Kelin, Richard Scott
Livingston, NJ

Lane, George Joseph
Monmouth Junction, NJ

Laurence, Blake Reid
Freehold, NJ

Leary, Kieran Warren
San Antonio, TX

Martin, Damon Alexander
Clermont, FL

Merritt, Stacy Sylvester Lee
Forney, TX

Millar, Fredrick Lloyd
Sacramento, CA

Mulvihill, David B.
Phoenix, AZ

Robinson, Robin P.
Washington, DC

Siegel, Charles S.
Dallas, TX

Small, Michael Robert
Swedesboro, NJ

Smith, Nicholas Scott
Bolingbrook, IL

Stern, Michael D.
Delray Beach, FL

SUZANNE E. PRICE,
Attorney Registrar

[Pa.B. Doc. No. 22-2025. Filed for public inspection December 30, 2022, 9:00 a.m.]