
4. I understand that the Clerk of the Orphans' Court may deny this request and I will be obligated to pay the full filing fees.
5. I understand that I have a continuing obligation to inform the Clerk of the Orphans' Court of improvements in financial circumstances which would permit the payment of costs in the future.
6. I understand that this form must be submitted annually with required report(s). No fees will be waived unless accompanied by this form.
7. I verify that the statements made in this document are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

Date

Guardian's Signature

Print Name: _____

Address: _____

Telephone Number: _____

DECISION OF CLERK

Filing fees for Annual Report(s) filed by the above named Guardian are hereby:

WAIVED

REQUIRED

Linda Bobrin, Esq., Clerk of Orphans' Court