

IN THE COURT OF COMMON PLEAS BUCKS COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE:

File No.:

REQUEST TO CLERK TO WAIVE FEE TO FILE ANNUAL REPORT(S)

1. I am the Guardian of the Person and/or Estate in the above matter and because of the financial condition of the estate I am unable to pay the fees and costs of the Annual Report(s).
2. The person for whom I am a guardian has insufficient assets and/or income to pay the costs of filing.
3. I represent that the information below relating to the estate's ability to pay the fees and costs is true and correct:

a.) **Income**

Incapacitated person's total income in the past year: _____

b.) **Incapacitated person's property owned**

Cash: _____

Checking account: _____

Savings account: _____

Certificates of deposit: _____

Real Estate (including home): _____

Motor Vehicle: Make _____ Year _____

Cost _____ Amount Owed \$ _____

c.) **Incapacitated person's expenses, debts and obligations**

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

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

 Donald Petrille, Jr., Clerk of Orphans' Court