

**REQUEST FOR ACCESS TO THE FILE
OF AN INCAPACITATED PERSON**

Name of Incapacitated Person:	
File No.:	Date of Request:
Information as to requester:	
Name:	
Address:	
Phone Number:	
Relationship to the Incapacitated:	
Specific documents or information requested (Access to the complete file is permitted by Court Order Only, granted upon the submission of a proposed order and verified motion. SEE ORPHANS' COURT PERSONNEL FOR REQUIRED FILING FEE)	
Reason(s) for request:	
Request approved by Judge:	
Date:	
Documents to be released:	
Request denied by Judge:	
Date:	