

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

In the Matter of _____

Name of Incapacitated Person or Alleged Incapacitated Person

Case No. _____ **Date Court Appointed You as Guardian (if applicable):** _____

CERTIFICATE OF COMPLETION - GUARDIAN TRAINING

NOTE: Present this form to the court as proof that you completed the training program(s) indicated below for guardians of the person and/or estate. Present this certificate in the court where you are seeking appointment as guardian (as a prospective guardian) or that appointed you guardian and keep a copy for your records.

I, _____, prospective or appointed guardian of the person and/or estate of

_____, state to the court that I (*select all that apply*):

Name of Incapacitated Person or Alleged Incapacitated Person

Viewed the online *Guardianship Training Series* videos for court-appointed guardians of the person and/or the estate on _____.
Date of Completion

Attended online *Family Lay Guardianship Training* for court-appointed guardians:

of the *person* on _____.
Date of Attendance

of the *estate* on _____.
Date of Attendance

Attended online training for the *Guardianship Tracking System (GTS)* on _____.
Date of Attendance

Have read and reviewed the *Pennsylvania Guardianship Handbook*.

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.

Date

Signature

Printed Name