



Creating a Guardianship File



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Overview

Keeping a guardianship file will help you stay organized and track the personal or financial well-being of the person under guardianship. You might also find this helpful when it is time to prepare reports to the court.

The file can be electronic or paper (for example, a binder). Whatever form it is in, keep the file secure so only you have access to it. It is your job to protect the personal information and privacy of the person for whom you are a guardian.

What goes in a guardianship file?

- The guardianship order
- Other paperwork from the case
- A guardianship case information sheet (example on page 2)
- Copies of wills, advance directives, or powers of attorney
- If you do not live with the person under guardianship, a log of your visits (example on page 3)
- Any other court forms or notices you accumulate during the case

If you are guardian of the person, include:

- Copies of annual reports you submit to the court
- A medical information sheet (example on page 4)
- A health care log (example on page 5)
- Medical records of all types, including hospital discharge summaries

If you are guardian of the property, include:

- A copy of the inventory
- Copies of annual fiduciary's accounts
- Proof of restricted account(s) (if required)
- Proof of bond (if required)
- An income/disbursements log (example on page 6)
- Documentation including:
 - Receipts
 - Invoices
 - Account statements
 - Settlement sheets on the sale or transfer of real property
 - Copies of cleared checks and deposits
 - Proof of income (paystubs, social security, or other benefit reports, etc.)
 - State and federal tax filings

Case Information Sheet

Minor/Disabled Person

Full name:		Date of birth:	
Street address:			
City, state, zip:			
Facility name (if any):		Contact:	
Phone number:		Email:	
School name (if any):		City, state:	
Employer name:		City, state:	

Guardianship Case Information

Case number:			
<input type="checkbox"/> Circuit <input type="checkbox"/> Orphans' Court for:			
Court contact Name:			
Phone:		Email:	
Date of appointment:			
Type of guardian:	<input type="checkbox"/> Person <input type="checkbox"/> Property <input type="checkbox"/> Person and property		
Co-guardian			
Name:			
Phone:		Email:	
Annual report due date (guardians of the person):			
Inventory due date (guardians of the property):			
Fiduciary's account due date (guardians of the property):			

Interested Persons

Name	Relationship	Address	Phone	Email

Medical Information Sheet

Medical Providers

Type	Name	Phone	Address
Primary care doctor			
Dentist			
Eye doctor			
Ear doctor			
Psychiatrist			
Psychologist			
Mental health therapist			
Physical therapist			
Occupational therapist			
Speech therapist			
<i>Other:</i>			

Medications

Medication	Purpose	Dosage/Schedule	Prescribing Physician

Allergies: _____

Medical Conditions

Condition	Treatment

