

IN THE MATTER OF THE ESTATE  
OF:

IN THE COURT OF COMMON PLEAS  
OF ERIE COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

No. \_\_\_\_\_

\_\_\_\_\_  
Minor

**PETITION TO *REVOKE* or *MODIFY* APPOINTMENT OF  
GUARDIAN(S) OF THE PERSON AND/OR ESTATE OF A MINOR**

1. **MINOR** List the name, age, date of birth, religious affiliation and full street address of the Minor.

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Religion \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

2. **PETITIONER(S)** List the name, age, date of birth, religious affiliation, marital status, employment, telephone numbers and relationship to Minor.

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Religion \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

Marital Status \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Minor \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Religion \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

Marital Status \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Minor \_\_\_\_\_

3. **CURRENT GUARDIAN(S)**

Name \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

Relationship to Minor \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to Minor \_\_\_\_\_

4. **MINOR'S PARENTS** Complete only if the parent(s) are not the Petitioner(s) requesting revocation of the Guardianship.

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. **OTHER PROCEEDINGS**

- a. Has there ever been a Custody action for the Minor?  Yes  No **Order must be attached.**

If so, state the Court, State or jurisdiction and docket number \_\_\_\_\_

- b. Has there ever been a prior Guardianship for the Minor?  Yes  No **Order must be attached.**

If so, state the Court, State or jurisdiction and docket number \_\_\_\_\_

6. **AGENCIES**

- a. Has any Children's Services/OCY Agency ever been involved with the Minor?  Yes  No

If so, state the Court, State or jurisdiction and docket number \_\_\_\_\_

- b. Has any Children's Services/OCY Agency ever been involved with the Petitioner(s)?  Yes  No

If so, state the Court, State or jurisdiction and docket number \_\_\_\_\_

7. **REASON FOR REVOCATION or MODIFICATION OF GUARDIANSHIP** State why the guardianship should be revoked or modified (i.e. have new guardian(s) appointed, minor to return to parent(s) or death of current guardian).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. FINANCIAL INFORMATION**

a. Does the Minor have assets? \_\_\_Yes \_\_\_No  
*(other than clothing or small personal items)*

b. Does the Minor have income of any type? \_\_\_Yes \_\_\_No

c. Does the Minor receive Social Security benefits of any type? \_\_\_Yes \_\_\_No

d. Is the Minor entitled to Veteran's benefits from either parent? \_\_\_Yes \_\_\_No

If yes, notice of this Petition must be given to the United States Veterans' Administration or its successor. Was such notice provided? \_\_\_Yes \_\_\_No

e. Is the Minor entitled to funds from an estate, civil action or any other court action or claim? \_\_\_Yes \_\_\_No

f. Is the Minor entitled to receive property under a will, deed or other written instrument conveying property? \_\_\_Yes \_\_\_No

If yes, list the name of the guardian designated in the written instrument to receive such property on behalf of the minor \_\_\_\_\_

g. If you answered yes to any of the questions in paragraphs a – f above, please provide specific information as to the Minor's assets, income, benefits or other claims below:

Type of asset, income, benefits or claim	current value	location
Type of asset, income, benefits or claim	current value	location
Type of asset, income, benefits or claim	current value	location
Type of asset, income, benefits or claim	current value	location
Type of asset, income, benefits or claim	current value	location

Wherefore, your Petitioner(s) request(s) to have the current guardianship revoked or modified.

Respectfully submitted,

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Petitioner*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Petitioner*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Minor if 14 or older*

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**VERIFICATION**

I/We hereby acknowledge reading the foregoing Petition and hereby verify that the facts stated therein are true and correct to the best of my/our knowledge, information and belief.

I/We understand that any false statements made herein are subject to the penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Petitioner*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Petitioner*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Minor if over age 14*

**CERTIFICATION OF COMPLIANCE**

I/We certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

Submitted by: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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**RULE TO SHOW CAUSE**

**AND NOW**, to-wit, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

upon consideration of the foregoing Petition to Revoke or Modify Appointment of Guardian(s) of the Person and/or Estate of a Minor, a Rule is hereby granted to show cause why the prayer should not be granted. Said Rule is returnable on

\_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_:\_\_\_\_\_ AM/PM, in Courtroom \_\_\_\_\_, Erie County Courthouse, Erie, Pennsylvania before \_\_\_\_\_

\_\_\_\_\_. All parties, including the minor child if 14 years of age or older, must be present at the hearing.

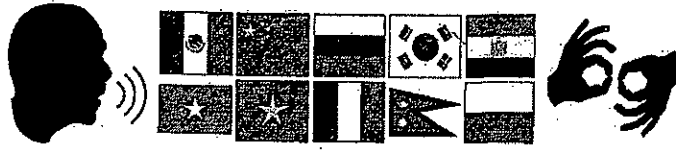
Petitioner(s) must provide proof that the Petition, as well as notice of the hearing has been given to all parents, current guardians and other parties in interest, such as an acceptance of service of the Petition showing the recipient(s) have knowledge of the date, place, and time of the hearing. Otherwise, this Petition will be subject to dismissal.

BY THE COURT:

\_\_\_\_\_  
Judge

**AMERICANS WITH DISABILITIES ACT OF 1990** - The Court of Common Pleas of Erie County is required by law to comply with the Americans with Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals having business before the court, please contact the Court's ADA Coordinator at Erie County Court of Common Pleas, 140 West Sixth Street, Room 205, Erie, PA 16501-1030, Phone (814) 451-6308, TDD (814) 451-6237, E-mail: [courtadacoordinator@eriecountygov.org](mailto:courtadacoordinator@eriecountygov.org). Requests should be made as soon as possible or at least three business days prior to any hearing or business before the court.

# Notice of Language Rights



Language Access Coordinator  
Erie County Courthouse, 140 West Sixth Street, Erie, PA, 16501  
814-451-6310

[LanguageAccessCoordinator@eriecountypa.gov](mailto:LanguageAccessCoordinator@eriecountypa.gov)

**English:** You have the right to an interpreter at no cost to you. To request an interpreter, please inform court staff using the contact information provided at the top of this notice.

**Spanish/Español:** Usted tiene derecho a un intérprete libre de costo. Para solicitar un intérprete favor de informárselo al personal judicial utilizando la información provista en la parte superior de este aviso.

**Mandarin/Cantonese Simplified Chinese/普通话/粵語簡體中文:** 您有权获得免费的口译员服务。若需要口译员, 请使用本通知上方提供的联系信息通知法院工作人员。

**Mandarin/Cantonese Traditional Chinese/普通話/廣東話繁體中文:** 您有權要求免費傳譯服務。如欲要求傳譯服務, 請參閱本通知頂部的聯絡資料。通知法庭職員。

**العربية/Arabic:** يحق لك الحصول على مترجم دون دفع أي تكلفة من جانبك. لطلب مترجم، يرجى إعلام موظفي المحكمة باستخدام معلومات الاتصال المقدمة في الجزء العلوي من هذا الإشعار.

**Russian/Русский:** У вас есть право на бесплатные услуги переводчика. Заявка на переводчика подается в суд по адресу, телефону или эл. почте, указанным выше в заголовке этого уведомления.

**Vietnamese/Tiếng Việt:** Quý vị có quyền được một thông dịch viên giúp mà không tốn chi phí nào cả, xin hãy báo cho nhân viên tòa án dùng thông tin liên lạc có ở trên đầu thông báo này.

**Nepali/नेपाली:** तपाईंको निःशुल्क रूपमा भाषा अनुवादक राख्न पाउने अधिकार छ। अनुवादकको लागि अनुरोध गर्न, यस सूचनाको माथि दिइएको सम्पर्क जानकारी भरेर अदालतका कर्मचारीहरूलाई जानकारी दिनुहोस्।

**Korean/한국어:** 귀하는 비용에 대한 부담 없이 통역 서비스를 받을 권리가 있습니다. 통역 서비스를 요청하려면 본 통지서의 상단에 기재된 연락처를 통해 법원 직원에게 알려주세요.

**Polish/Polski:** Ma Pan/Pani prawo do nieodpłatnego skorzystania z usług tłumacza ustnego. Aby zwrócić się o wsparcie ze strony tłumacza ustnego, proszę skontaktować się z pracownikami sądu, korzystając z danych znajdujących się w górnej części niniejszego dokumentu.

**Pakistan/پنجابی/Punjabi:** تہاڈے کول بغیر ادائیگی کیتیاں اک مترجم حاصل کرن دا حق اے۔ مترجم دی درخواست کرن لئی، میریانی کر کے ایس نوٹس دے اوتے فراہم کیتیاں رابطے دیاں معلومات نوں ورتدیاں عدالت دے عملے نوں اطلاع دوو۔

**Punjabi/ਪੰਜਾਬੀ/India:** ਤੁਹਾਨੂੰ ਇਕ ਦੁਬਾਸੀਆ ਹਾਸਲ ਕਰਨ ਦਾ ਹੱਕ ਹੈ, ਜਿਸ ਦੀ ਤੁਹਾਨੂੰ ਕੋਈ ਲਾਗਤ ਨਹੀਂ ਲੱਗੇਗੀ। ਦੁਬਾਸੀਏ ਲਈ ਬੇਨਤੀ ਕਰਨ ਵਾਸਤੇ, ਕਿਰਪਾ ਕਰ ਕੇ ਅਦਾਲਤ ਦੇ ਅਮਲੇ ਨੂੰ ਜਾਣੂ ਕਰਵਾਓ ਤੇ ਇਸ ਲਈ ਇਸ ਨੋਟਿਸ ਦੇ ਸਿਖਰ ਉਤੇ ਦਿੱਤੀ ਸੰਪਰਕ ਜਾਣਕਾਰੀ ਦਾ ਇਸਤੇਮਾਲ ਕਰੋ।

**Portuguese/Português:** Você tem direito a um intérprete gratuitamente. Para solicitar um intérprete, informe à nossa equipe usando os dados de contato mostrados na parte superior deste aviso.

**Somali/Somaali:** Waxaad xaq u leedahay in lagu turjumo lacag la'aan ah. Si aad u codsato turjumaanka, fadlan u sheeg maxkamadda shaqaalaha adiga oo isticmaala macluumaadka ciwaanka kor lagu siiyay ee ogeysiiskaan.

**Haitian Creole/Kreyòl Ayisyen:** Ou gen dwa resevwa sèvis yon entèprèt gratis. Pou mande pou yon entèprèt, tanpri fè manm pèsònèl tribinal la konnen lè ou sèvi avèk enfòmasyon an yo te bay ou nan tèt avi sa a.

**French/Français:** Vous avez le droit de bénéficier gratuitement de l'assistance d'un interprète. Pour en faire la demande, veuillez en informer le personnel du tribunal à l'aide des coordonnées indiquées en haut de page.

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No. \_\_\_\_\_

\_\_\_\_\_  
Minor

**ORDER**

**AND NOW**, to wit this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_ upon consideration of the foregoing Petition to Revoke or Modify Appointment  
of Guardian(s) of the Person and/or Estate of a Minor and after hearing and full  
consideration of the testimony and evidence presented, it is hereby **ORDERED**,  
**ADJUDGED** and **DECREED** that \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BY THE COURT:**

\_\_\_\_\_  
**Judge**