

IN RE: \_\_\_\_\_ : IN THE COURT OF COMMON PLEAS  
 : OF ERIE COUNTY, PENNSYLVANIA  
 a Minor : ORPHANS' COURT DIVISION  
 :  
 : NO.

**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 Petitioner's(s') the name, age, date of birth, religious affiliation, marital status, employment, telephone number(s) and relationship to Minor.

**PETITIONER 1:**

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Religion \_\_\_\_\_  
\_\_\_\_\_  
Street Address City State Zip Code

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

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

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

**PETITIONER 2:**

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)** List the current Guardian's(s') the name, address and relationship to Minor.

**GUARDIAN 1:**

Name \_\_\_\_\_

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

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

**GUARDIAN 2:**

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.

**PARENT 1:**

Name \_\_\_\_\_

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

**PARENT 2:**

Name \_\_\_\_\_

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

5. **OTHER PROCEEDINGS**

a. Has there ever been a Custody action for the Minor?  Yes  No

If yes, state the Court, State or jurisdiction and docket number and attach a copy of the custody order: \_\_\_\_\_

b. Has there ever been a prior Guardianship for the Minor?  Yes  No

If yes, state the Court, State or jurisdiction and docket number and attach a copy of the guardianship order: \_\_\_\_\_

**6. AGENCIES**

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

**If yes, state the Court, State or jurisdiction and docket number:**

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

**If yes, state the Court, State or jurisdiction and docket number:**

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**7. REASON FOR REVOCATION OR MODIFICATION OF GUARDIANSHIP** State why you believe 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). \_\_\_\_\_

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**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:**

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**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:**

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Type of asset, income, benefits or claim	current value	location
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Type of asset, income, benefits or claim	current value	location
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Type of asset, income, benefits or claim	current value	location
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Type of asset, income, benefits or claim	current value	location
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Type of asset, income, benefits or claim	current value	location
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WHEREFORE, your Petitioner(s) request(s) to have the current guardianship revoked or modified.

Respectfully submitted,

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

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

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

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

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: ORPHANS' COURT DIVISION

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: NO.

**VERIFICATION**

I/We hereby acknowledge reading the foregoing Petition to Revoke or Modify Appointment of Guardian(s) of the Person and/or Estate of a Minor 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*

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**SCHEDULING ORDER**  
**AND NOTICE OF HEARING**

**AND NOW**, to-wit, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, upon review of the foregoing **Petition to Revoke or Modify Appointment of Guardian(s) of the Person and/or Estate of a Minor** ("Petition"), it is hereby **ORDERED** that an evidentiary hearing is scheduled before:

The Honorable \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_

at \_\_\_\_\_ o'clock a.m./p.m. in Courtroom # \_\_\_\_\_, Erie County Courthouse, Erie, PA. All interested parties must be present, including the minor child if age 14 years or older.

Before or at the time of the hearing, Petitioner(s) **SHALL** provide a Certificate of Service certifying that the Petition and this Scheduling Order and Notice of Hearing were given to all interested parties, including the Minor's parents, any current custodians of the Minor, the Erie County Office of Children and Youth, if that Agency is involved with the Minor or the Proposed Guardian(s), and any other party in interest to the Minor. **THE HEARING MAY NOT PROCEED IF THE PETITION AND THIS SCHEDULING ORDER AND NOTICE OF HEARING WERE NOT SERVED ON ALL INTERESTED PARTIES.**

BY THE COURT:

\_\_\_\_\_  
Judge

**NOTICE: 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@eriecountypa.gov](mailto:courtadacoordinator@eriecountypa.gov). Requests should be made as soon as possible or at least three business days prior to any hearing or business before the court.

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**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 other evidence presented, it is hereby **ORDERED, ADJUDGED and DECREED** that the Petition is **GRANTED / DENIED.**

It is further ORDERED as follows: \_\_\_\_\_

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

**BY THE COURT:**

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

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**CERTIFICATE OF SERVICE**

Petitioner(s) hereby certify that a copy of the Petition to Revoke or Modify Appointment of Guardian(s) of the Person and/or Estate of a Minor **AND** the Scheduling Order and Notice of Hearing were served on the following persons:

Name of Person Served:	Address where Served:	Date of Service:
_____		
Manner of Service (ex. personal service or certified mail): _____		

Name of Person Served:	Address where Served:	Date of Service:
_____		
Manner of Service (ex. personal service or certified mail): _____		

Name of Person Served:	Address where Served:	Date of Service:
_____		
Manner of Service (ex. personal service or certified mail): _____		

**All Proofs of Service (ex. certified mail receipts, constable affidavit, statement of adult who provided personal service) are attached to this Certificate of Service.**

I hereby verify that the facts stated herein are true and correct to the best of my knowledge, information and belief. I 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 - Petitioner 1)*

Date: \_\_\_\_\_ \_\_\_\_\_  
*(signature - Petitioner 2)*

Date: \_\_\_\_\_ \_\_\_\_\_  
*(signature of adult who completed personal service, if personal service used instead of mail)*