

NOTICE OF RIGHT TO APPEAL
PURSUANT TO 20 Pa. C.S. §5512.1(H)

In Re: _____, Incapacitated

Case No. _____

TO _____, Respondent:

1. You have been found to be an incapacitated person, and a (limited) (plenary) Guardian has been appointed for your (estate) (person). The Guardian is _____ for your estate and _____ for your person.

2. The powers of the Guardian are set forth in the Final Order dated _____, a copy of which accompanies this notice.

3. If you wish to appeal from that Decree, you have thirty (30) days from the date of the Decree to do so. If you choose to appeal, you must file a Notice of Appeal with the Clerk of the Orphans' Court, located on the second floor of the Chester County Justice Center. The Appeal will be sent to the Superior Court of Pennsylvania. You should obtain a copy of the Pennsylvania Rules of Appellate Procedure as a guide. The Clerk of the Orphans' Court can provide the address of the Superior Court.

4. You may also petition the Court at any time to modify or terminate the guardianship, on the grounds that your situation has changed enough to justify a change in or termination of my Order.

5. You have the right to be represented by an attorney if you file a post-trial petition or an appeal. If you need the assistance of counsel and cannot afford an attorney, please inform the Court and an attorney will be appointed to represent you free of charge.

Judge

I acknowledge being advised of the above rights.

Respondent

OR

I, _____, attest that I read this notice in person to

(Respondent) on _____.

Signature