



How to Enter a Paper-Filed Guardian of the Person Report

1. Search for the case

On your Dashboard, click in the **Case File No** field, enter the number for the appropriate case, and press *[Enter]* on your keyboard.

Find a Case

* Case File No:

[Advanced Search](#)

3. Open the report

Click the Create Report icon next to the Person report.

- [Incapacitated Person](#)
- [Case Actions](#)
- [Guardians](#)
- [Other Case Participants](#)
- [Attorneys](#)
- [Reports](#)
- [Bond Ordered](#)
- [Suppressed Flags](#)

2. In the GTS Case screen, click the Reports tab

Tip If there are multiple guardians associated to the Estate domain, you will click the Guardian Selection icon  instead.

Report	Due Date	Status	Flags
Estate	12/01/2022	Eligible for Submission	
Inventory	03/01/2022	Accepted	
Person	12/01/2022	Eligible for Submission	

4. Specify the submitter

If the case has more than one guardian, the Guardian Selection popup appears. Click the Create Report icon next to the name of the guardian that submitted the report. Continue to Step 5.

5. Part I, #1 & #2: Name of Guardian & Limited Guardianship

On the Report of Guardian of the Person screen, confirm that the information appearing under each of these questions is accurate.

Guardian Selection

Guardian	
Boggs, Cameron	
Zimmerman, Joseph K	

If the popup does not appear, continue to Step 5.

Tip If this information is incorrect, the existing adjudicatory case action must be removed and replaced with a new one that contains the updated information.

PART I. INTRODUCTION

1. Guardian Name(s)
Guardian Name(s): Joseph Zimmerman

2. Is this a limited Guardianship?
* Limited Guardianship:

3. Report Period
* Report Type:

* Report Period Start Date:

* Report Period End Date:

6. Part I, #3: Report Period

Click on the **Report Type** dropdown and select the appropriate option.

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7. Part II, #1: IP's DOB

Verify or update the IP's date of birth.

Tip: If this information is unavailable, you can leave this field blank.

PART II. PERSONAL INFORMATION ABOUT THE INCAPACITATED PERSON

1. Incapacitated Person's date of birth

Incapacitated Person's DOB: 10/10/1936

2. Incapacitated Person's Current Residence

* Address Line 1: 417 Elm St.

Address Line 2:

* City: Sandy Ridge

* State: Pennsylvania

* Zip Code: 16677

Facility Name (if any):

8. Part II, #2: IP's Residence

Verify or update the IP's current address.

9. Part II, #3: Type of Residence

Click the **Type of Residence/Facility** dropdown and identify the option that best describes the IP's current residence.

◆ If you choose 'Incapacitated Person's home', click on the dropdown and, if known, select the type of home assistance the IP is receiving.

◆ If you choose 'Relative's home', you can enter the relative's name and relationship (i.e. Child, Sibling, etc.).

◆ If you choose, 'Group Home', 'Personal Care Boarding Home', Assisted Living Facility, or 'Nursing Home Facility', click on the dropdown and, if known, indicate if the IP is in a memory support facility.

◆ If you choose, 'Other', you can describe the residence or facility.

Your Home

3. Residence of the Incapacitated Person

* Type of Residence/Facility: Your home

Incapacitated Person's Home

3. Residence of the Incapacitated Person

* Type of Residence/Facility: Incapacitated Person's home

In-home Assistance Type: Part-time home health care aide

Relative's Home

3. Residence of the Incapacitated Person

* Type of Residence/Facility: Relative's home

* Relative's Name: Cameron Boggs

* Relationship: Grandson

Personal Care Boarding, Assisted Living, Nursing Home

3. Residence of the Incapacitated Person

* Type of Residence/Facility: Personal Care Boarding Home

* Is this a Memory Support Facility?: Yes

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10. Part II, #4:

Length of time at residence

If known, enter the date in which the IP began living at the residence or facility identified in Step 8.

4. The Incapacitated Person has been in the residence noted in question 3 since

* Residence Start: 2022

5. Has the Incapacitated Person moved during the Report Period?

* Incapacitated Person Relocated: Yes

* Relocation Date: 05/30/2022

* Relocation Reason: IP was living with brother who died in Ja

* Previous residence/address: 104 South King St. Sandy Ridge, PA 16'

11. Part II, #5: *Did the IP move?*

Click on the dropdown and select the appropriate option to specify if the IP moved during the reporting period.

If you selected 'No', 'Not Answered', or 'Needs Review', continue to Step 12.

If you selected 'Yes', enter the date of the move (if available), the reason(s) for the move, and the IP's previous address.

12. Part III, #1:

Medical Professionals?

If the IP was seen by a medical professional during the reporting period, continue to Step 13.

If the IP was not seen by any medical professionals, or this information is unavailable, proceed to Step 17.

14. Part III, #1

(cont.): Medical Professional Type

Click on the **Medical Professional Type** dropdown and select the option that best describes the type of professional that the IP visited.

PART III. MEDICAL INFORMATION

1. List the medical professionals who have seen the Incapacitated Person during the Report Period

Medical Professional Type	Description	Name	
Psychologist or Psychiatrist		Dr. Miranda Lovell	
Medical Doctor		Dr. Richard Lowe	

13. Part III, #1

(cont.): Medical Professional Type
Click the Add Medical Professionals icon.

16. Part III, #1

(cont.): Add other medical professionals

Repeat Steps 13-15 for any other medical professionals the IP visited.

15. Part III, #1

(cont.): Name
Click in the **Name** field and enter the name of the doctor or medical professional.

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17. Part III, #2: *Medical/ psychiatric problems*

Based on the details provided by the guardian, list the major medical or psychiatric problems of the IP.

Tip If applicable, this information populates automatically from the previous year's report and can be updated as needed.

19. Part III, #4: *Hospitalization*

Click on the dropdown and select the appropriate option to specify if the IP was hospitalized during the reporting period.

If you selected 'No', 'Not Answered', or 'Needs Review', continue to Step 20.

If you selected 'Yes', use the **Date(s) of hospitalization** field to list each instance. Continue to Step 20.

The screenshot shows a form with the following sections:

- 2. The major medical or psychiatric problems of the Incapacitated Person are as follows**
Major medical or psychiatric problems:
- 3. Describe any social, medical, psychological and support services the Incapacitated Person is receiving**
Support services received:
- 4. Has the Incapacitated Person been hospitalized during the Report Period**
* Incapacitated Person Hospitalized:
Date(s) of hospitalization:
- 5. Has the Incapacitated Person received a mental health assessment during the Report Period?**
* Incapacitated Person Mental Health Assessment:
* Date(s) of MH Assessment:

18. Part III, #3: *Services for the IP*

If known, enter any support services that the IP is receiving.

20. Part III, #5: *Mental health assessment*

Click on the dropdown and select the appropriate option to specify if the IP received a mental health assessment during the reporting period.

If you selected 'No', 'Not Answered', or 'Needs Review', continue to Step 21.

If you selected 'Yes', use the **Date(s) of MH Assessment** field to list each instance. Continue to Step 21.

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21. Part IV, #1: Guardian's opinion

Click on the dropdown and select an option based on the guardian's opinion of how the guardianship should proceed.

PART IV. GUARDIAN'S OPINION

1. Should the guardianship be

* Guardian Opinion:

2. Provide the reasons for your opinion. List specific recommended modifications

Guardian Opinion Detail:

3. Have you filed a petition for modification or termination?

* Petition to modify/terminate filed:

22. Part IV, #2: Explanation

Use the field to list the reasons, if any, the guardian provided to support the recommendation identified in Step 21.

23. Part IV, #3: Petition for modification or termination?

Click on the dropdown and specify if the guardian filed a petition with the court to modify or terminate the guardianship.

24. Part V, #1: Visitation

Click on the dropdown and select the option that best describes how often the guardian visited the IP during the reporting period.

25. Part V, #2: Average length of visit

Click on the dropdown and select the option that best describes the guardian's average length of visit to the IP.

PART V. INFORMATION ABOUT THE GUARDIAN

1. On average, how often did you visit the Incapacitated Person during the Report Period?

* Visitation Frequency:

2. What is the average length of a visit?

* Visitation Duration:

3. Have you maintained a log of your activities as a guardian?

* Guardian Activity Log:

Please attach a copy using the (Upload Document) button found at the bottom of the page.

26. Part V, #3: Guardianship log

Click on the dropdown and specify if the guardian kept a log of the services they performed on behalf of the IP.

Tip If you selected 'Yes', you have the option to upload a copy of the log if it was filed. This can be completed in Step 64.

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27. Part V, #4:

*Training/
Certification*

Click on the dropdown and specify if the guardian participated in training or received/renewed a certification during the reporting period.

If you selected 'No', 'Not Answered', or 'Needs Review', proceed to Step 36.

If you selected 'Yes', continue to Step 28.

29. Part V, #4

(cont.):

Select a type

Click on the **Guardianship Training/Certification** dropdown and select 'Training' or 'Certification.'

31. Part V, #4

(cont.):

*Training /
certification date*

Use the **Training/Certification Start** and **End Date** fields to enter the dates that the training or certification occurred.

If you are entering a training, continue to Step 32. For a certification, proceed to Step 34.

Tip To specify a single date, enter the same date in both fields.

28. Part V, #4
(cont.): Click the **Add Training / Certificates** icon

4. During this Report Period, did any guardian participate in guardianship training or certification?

* Guardianship Training: Yes

Guardianship Training/Certification	Guardian Name	Training/Certification Start Date	Training/Certification End Date
Training	Joseph Zirr	10/12/2022	10/12/2022

30. Part V, #4
(cont.):
*Name of
guardian*

Click on the **Guardian Name** dropdown and select the guardian that received the training or certification.

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32. Part V, #4

(cont.): *Provider*

Click in the **Provider** field and enter the name of the individual, organization, or institution that offered the training.

33. Part V, #4 (cont.):

Description

Based on the details provided by the guardian, click in the **Description** field and provide a brief summary of the training. Proceed to Step 35.

34. Part V, #4

(cont.):

Certification type

Click on the **Guardian Certification Type** dropdown and select the agency that issued the certification.

35. Part V, #4 (cont.):

Add other trainings/certifications

Repeat Steps 28-34, as needed, to add any other trainings or certifications.

36. Part V, #5:

Criminal activity?

Click on the dropdown and select the appropriate option to specify if the guardian has been charged or convicted of a crime during the reporting period.

If you selected 'No', 'Not Answered', or 'Needs Review', proceed to Step 41.

If you selected 'Yes', continue to Step 37.

37. Part V, #5: Click the Add Guardian Criminal Charges icon

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38. Part V, #5 (cont.):

Name of guardian

Click on the **Guardian Name** dropdown and select the guardian that has been charged or convicted.

5. During this Report Period, was any guardian charged with or convicted of a crime?

* Guardian Criminal Charges: Yes

Guardian Name	Criminal Charge Description	
Joseph Zimmerman	On 3/31/22, Joseph was charged with	

39. Part V, #5 (cont.):

Description

Click in the **Description** field and state the nature of the crime, if known, for which the guardian has been charged or convicted.

40. Part V, #5 (cont.):

Add other charges

Repeat Steps 37-39, as needed, for any co-guardians that have been charged or convicted of a crime during the reporting period.

41. Part V, #6: PFA or PSVI?

Click on the dropdown and select the appropriate option to specify if an order for Protection from Abuse (PFA) or Protection from Sexual Violence or Intimidation (PSVI) was entered against a guardian.

42. Part V, #6: Click the Add Guardian Criminal Charges icon

6. During this Report Period, was a Protection from Abuse Order or Protection from Sexual Violence or Intimidation (PSVI) entered against a guardian?

* Guardian PFA/PFSVI Ordered: Yes

Guardian Name	PFA/PFSVI Description	

If you selected 'No', 'Not Answered', or 'Needs Review', proceed to Step 46.

If you selected 'Yes', continue to Step 42.

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43. Part V, #6 (cont.):

Name of guardian

Click on the **Guardian Name** dropdown and select the guardian that had the order entered against them.

6. During this Report Period, was a Protection from Abuse Order or Protection from Sexual Violence?

* Guardian PFA/PFSVI Ordered: Yes

Guardian Name	PFA/PFSVI Description	
Joseph Zimmerman	The order was entered on 3/3/22 ba	

44. Part V, #6 (cont.):

Description

Click in the **Description** field and summarize the nature of the order, if known, that was entered against the guardian.

45. Part V, #6 (cont.):

Add other orders

Repeat Steps 42-44, as needed, to add this information for any co-guardians that have had a PFA or PSVI order entered against them.

47. Part V, #7:

Click the Add Guardian Cannot Continue icon

7. Is there any reason any guardian cannot continue to serve as guardian?

* Guardian Cannot Continue: Yes

Guardian Name	Description	

46. Part V, #7:

Guardian Service

Click on the dropdown and select the appropriate option to specify if any guardian can no longer serve.

If you selected 'Yes', continue to Step 47.

If you selected 'No', 'Not Answered', or 'Needs Review', proceed to Step 60.

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48. Part V, #7 (cont.):

Name of guardian

Click on the **Guardian Name** dropdown and select the guardian that can no longer continue to serve.

7. Is there any reason any guardian cannot continue to serve as guardian?

* Guardian Cannot Continue: Yes

Guardian Name	Description
Joseph Zimmerman	Continued service is no longer in the

49. Part V, #7 (cont.): *Description*

Based on the details provided by the guardian, click in the **Description** field and briefly summarize why the guardian can no longer serve.

50. Part V, #7 (cont.):

Add other reasons

Repeat Steps 47-49, as needed, to add this information for any other co-guardians that can no longer serve.

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51. Part V, #8: Guardian Compensation

Click on the dropdown and select 'Yes' or 'No' to specify if you received compensation for your efforts as a guardian.

If 'Yes', continue to Step 52.

If 'No', 'Not Answered', or 'Needs Review', proceed to Step 60.

53. Part V, #8 (cont.): Amount

Click in the **Amount** field and enter the total amount, in U.S. dollars, received in compensation for guardianship services during the reporting year.

55. Part V, #8 (cont.): Free frequency

Click on the **Fee Frequency** dropdown and select the option that best describes the time interval in which the guardian routinely charged their fees.

Tip: The **Amount** field is sum of all compensation from the reporting year.

Tip: The **If Hourly, # of Hours** field is only used if the **Fee Frequency** is 'Hourly.' If so, enter the total hours worked during the reporting year.

52. Part V, #8 (cont.): Click the Add Compensation icon

54. Part VI, #8 (cont.): Guardian name

Verify that the correct name appears in the **Guardian Name** field automatically or click on the dropdown and select the correct option.

56. Part V, #8 (cont.): Add other compensation

Repeat Steps 52-55 for any other guardians that received compensation during the reporting period.

8. Did the Guardian receive compensation during the Report Period?

* Guardian Compensation: Yes

Complete the table below

Amount	Guardian Name	Fee Frequency	If Hourly, # of Hours	
100	Joseph Zimmermar	Annual		

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57. Part V, #9: Compensation approved?

If the answer to Question #8 above is 'Yes', click on the dropdown and select the appropriate option to specify if the court authorized the compensation.

9. Was the compensation approved by the court?

* Guardian Compensation Approved: Yes

* Guardian Compensation Order Date: 07/20/2022

If you selected 'Yes', continue to Step 58.

If you selected 'No', proceed to Step 59.

If you selected 'Not Answered' or 'Needs Review', proceed to Step 60.

59. Part VI, #9 (cont.): Explanation

Based on the details provided by the guardian, click in the field and enter a summary that explains why court approval was not obtained to compensate the guardian.

61. Co-guardians
Select the **Yes** or **No** radio button to state whether the signature of the co-guardian(s) appears on the paper report.

Tip If any of the co-guardian's information is incorrect, refer to Step 62 as a guide.

SIGNATURE AND AFFIRMATION

By answering "Yes" to this question, I affirm that I possess the consent of all co-guardians of the information I provide is true and correct. Also, by electronically signing this document, I un

* Co-guardian consent: Yes No

58. Part VI, #9 (cont.): Court order date

Click in the **Guardian Compensation Order Date** field and enter the date of the order that authorized the compensation. Proceed to Step 60.

60. Co-guardians?

If there is more than one guardian named on this report under Part I, Question #1, continue to Step 61.

Otherwise, proceed to Step 62.

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62. Signature and Affirmation

(cont.): Contact information

Review the guardian's address information. If it is incorrect, save and exit the report and then update the guardian's participant record.

Tip: The **Signature of Guardian** field represents the handwritten signature provided by the guardian on the paper copy.

Date	Signature of Guardian ?	Name of Guardian	Location	Address Line 1 ?	Address Line 2	Address Line 3	City	State	Zip Code	Territory	Postal Code	Country	Home Phone ?	Office Phone	Ext	Cell Ph
11/23/2022	/s/ Joseph Zimmerman	Joseph Zimmerma	Unit ▼	417 Elm St.			Sar	F ▼	16677			Unit ▼	() - ()	() - ()		() - ()

Please include any comments you would like to make for this report:

63. (Optional) Signature and Affirmation (cont.): Comments

If the guardian provided any additional information about the guardianship that was not recorded elsewhere, enter them in the comments field.

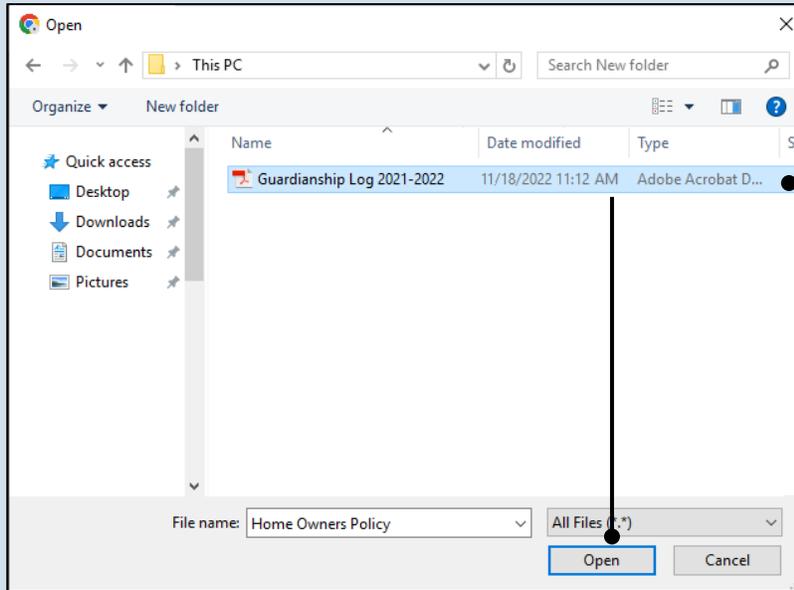
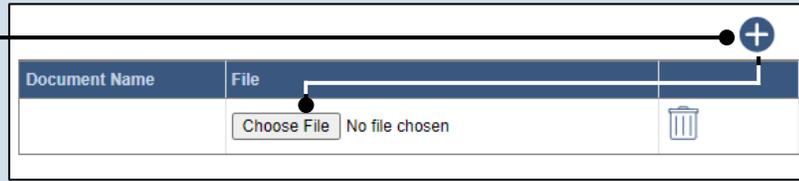
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64. (Optional) Signature and Affirmation (cont.): Documents

If the guardian provided supplemental documents that you want to upload to the report, click the Upload Document icon, then the CHOOSE FILE button, and continue to Step 65.

Otherwise, proceed to Step 66.



65. Signature and Affirmation (cont.): Documents

In the popup screen that appears, locate the PDF version of the document you have saved on your computer or a movable storage device. Select the file and click OPEN.

Tip GTS only accepts documents in a PDF format.

66. Select the guardian verification checkboxes

I, the guardian of the Person, verify that the foregoing information is correct to the best of my knowledge.

I, the guardian of the Person, further acknowledge that the Notice of Filing must be served with this report.

The information set forth above has, to the extent possible, been entered into the Guardianship Tracking System as accepted by the Guardianship Tracking System contains the information as reported in the paper signed by the guardian.

* Next Action: Save
 Save and Close
 Submit

* Filing Date: mm/dd/yyyy

* Filing Time: --:-- --

67. Select the Submit radio button

68. Enter the filed date/time

Use the **Filing Date** and **Filing Time** fields to specify when the paper report was filed in the court.

69. Click OK