



How to Enter a Paper-Filed Inventory 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](#)

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

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

3. Open the report

Click the Create Report icon next to the Inventory report.

Report	Due Date	Status
Inventory	12/30/2022	Eligible for Submission
Person	10/01/2023	Eligible for Submission

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

Guardian Selection

Guardian	
Boggs, Cameron	<input data-bbox="852 1417 885 1459" type="button" value="+"/>
Zimmerman, Joseph K	<input data-bbox="852 1470 885 1512" type="button" value="+"/>

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:

Introduction

On the GTS - Inventory Report screen, confirm that the **Inventory Type** defaults to 'Initial.'

Inventory Report

Estate of Fowler, Denise, an Incapacitated Person
 Date of Birth: 9/9/1942
 Case File No. OC-1105-2022
 DATE COURT APPOINTED YOU AS GUARDIAN: 10/1/2022

PART I. INTRODUCTION

* Inventory Type:

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

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6. Part II, #1:

Assets?

If the IP has assets (i.e. bank accounts, real estate, or other personal property), and you want to itemize this information, click on the dropdown and select 'Yes'. Proceed to Step 8.

Otherwise, select 'No' from the dropdown and continue to Step 7.

PART II. ASSETS (PRINCIPAL)

1. List all bank accounts, real estate and other personal property below. If the property is owned space below.

* Do you wish to enter asset details for the incapacitated person: No

* Please enter the total asset amount: 1801

7. Part II, #1

(cont.): Total asset amount

Click in the field and enter the total value of all the IP's assets. Proceed to Step 14.

8. Part II, #1

(cont.): Click the Add Asset icon

PART II. ASSETS (PRINCIPAL)

1. List all bank accounts, real estate and other personal property below. If the property is owned space below.

* Do you wish to enter asset details for the incapacitated person: Yes

Asset Type	Asset Description	Name of Co-Owner(s)	Asset Value
Cash and Cash Eq	Checking Account		1036
Personal Property	Clothing		765

SubTotal: 1801

9. Part II, #1

(cont.): Asset Type

Click on the **Asset Type** dropdown and select the option that best describes the type of property you are recording for the IP.

10. Part II, #1:

(cont.): Description

Click in the **Asset Description** field and enter a summary of the asset as provided by the guardian.

12. Part II, #1:

(cont.): Value

Click in the **Asset Value** field and enter the amount, in U.S. dollars, the asset is worth.

11. Part II, #1:

(cont.): Name of co-owners

Click in the **Name of Co-Owner(s)** field and enter the name of any individual, other than the IP, that maintains ownership in the asset. This may not be applicable in all instances.

13. Part II, #1

(cont.): Add other assets

Repeat Steps 8-12 for all the IP's assets.

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14. Part II, #2: Co-ownership

Click on the dropdown and select 'Yes' or 'No' to specify if any property, especially bank accounts or real estate, are co-owned by the IP and the guardian.

If you selected 'No', proceed to Step 18.

If you selected 'Yes', continue to Step 15.

Tip If the IP has no assets, answer 'No'.

2. Is any property (specifically bank accounts or real estate) co-owned by the Incapacitated Person and the guardian?

* Joint Property: Yes

a. On what date was the property acquired: 05/20/2017

b. On what date was the guardian's name added: 06/20/2022

c. The guardian is: an individual having access or control over the account an owner of the account

15. Part II, #2a: Date acquired

Enter the date on which the property was originally acquired by the IP.

16. Part II, #2b: Date guardian added

Enter the date on which the guardian's name was added as a co-owner to the property. This may or may not be the same as the original date of acquisition.

17. Part II, #2c: Guardian ownership

Select the appropriate checkbox based on whether the guardian has control over the account and/or is an owner.

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18. Part II, #3: *Homeowners insurance*

Click on the dropdown and select 'Yes' or 'No' to specify if the IP has homeowners insurance for any real property they own.

If you selected 'Yes', continue to Step 19.

If you selected 'No', proceed to Step 21.

3. Does the Incapacitated Person have a homeowners insurance policy for real property?

* Homeowner's Insurance: Yes

a. Homeowner's Insurance Carrier: Nationwide Insurance

b. Homeowner's Insurance Coverage Start: 01/20/2022

Homeowner's Insurance Coverage End: 01/20/2023

Copy of policy to be provided upon request.

19. Part II, #3a *(cont.): Carrier*

Click in the **Homeowner's Insurance Carrier** field and enter the name of the insurance provider that sold the homeowners policy.

20. Part II, #3b *(cont.): Coverage Period*

Click in the **Homeowner's Insurance Coverage Start** and **End** fields and enter dates for which the coverage is valid.

4. Does the Incapacitated Person have an automobile insurance policy?

* Automobile Insurance: Yes

a. Automobile Insurance Carrier: Nationwide Insurance

b. Automobile Insurance Coverage Start: 10/19/2022

Automobile Insurance Coverage End: 04/19/2023

Copy of policy to be provided upon request.

21. Part II, #4: *Automobile insurance*

Click on the dropdown and select 'Yes' or 'No' to specify if the IP has an automobile insurance policy.

If you selected 'Yes', continue to Step 22.

If you selected 'No', proceed to Step 24.

22. Part II, #4 *(cont.): Carrier*

Click in the **Automobile Insurance Carrier** field and enter the name of the insurance provider that sold the policy.

23. Part II, #4 *(cont.): Coverage Period*

Click in the **Automobile Insurance Coverage Start** and **End** fields and enter dates for which the coverage is valid.

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24. Part II, #5: Safe deposit box

Click on the dropdown and select 'Yes' or 'No' to specify if the IP has a safe deposit box.

If you selected 'No', proceed to Step 28.

If you selected 'Yes, in sole name', proceed to Step 26.

If you selected 'Yes, in joint names', continue to Step 25.

26. Part II, #5a: Safe deposit box location

Enter the name and address of the bank or other institution where the safe deposit box is housed.

5. Does the Incapacitated Person have a safe deposit box?

* Safe Deposit Box: Yes, in joint name(s) ▼

* Joint name(s): Cameron Boggs

* a. Location of safe deposit box: Members 1st, 105 Chambersburg St. Se

* b. Are there plans to inventory the contents?: Yes ▼

25. Part II, #5 (cont.): Joint names

Click in the **Joint name(s)** field and enter the name of any individual, other than the IP, that maintains joint ownership of the box.

27. Part II, #5b: Inventory safe deposit box

Click on the dropdown and select 'Yes' or 'No' to specify if the safe deposit box will be, or already has been, inventoried.

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28. Part III, #1: Did the IP receive income?

If the IP received income during the reporting period and you want to itemize the individual sources, click on the dropdown and select 'Yes'. Proceed to Step 30.

Otherwise, select 'No' from the dropdown and continue to Step 29.

PART III: ANNUAL INCOME

1. List all sources of income for the Incapacitated Person:

* Do you wish to enter income details for the incapacitated person?: No

* Please enter the total income amount: 9810

29. Part III, #1 (cont.): Total income amount

Click in the field and enter the IP's total income for the reporting year. Proceed to Step 34.

30. Part III, #1 (cont.): Click the Add Income Source icon

PART III: ANNUAL INCOME

1. List all sources of income for the Incapacitated Person:

* Do you wish to enter income details for the incapacitated person?: Yes

Does the Incapacitated Person receive any of the following as income?

Income Source Type	Income Description	Income Amount	
Social Security Benefits (Retirement, I)		9810	
		SubTotal:	
		9810	

31. Part III, #1 (cont.): Income Source Type

Click on the **Income Source Type** dropdown and select the option that best describes the income the IP receives.

32. Part III, #1 (cont.): Income amount

Click in the **Income Amount** field and enter the annual income, in U.S. dollars, for the selected income source type.

Tip If you choose 'Other', you must enter a description of the income.

33. Part III, #1 (cont.): Add other income

Repeat Steps 30-32 for any additional sources of income for the IP.

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34. Part IV, #1:

Liability/debt?

If the IP has any outstanding liabilities or debts and you want to itemize this information, click on the dropdown and select 'Yes'. Proceed to Step 36.

Otherwise, select 'No' from the dropdown and continue to Step 35.

PART IV. LIABILITIES/DEBTS

1. List all debts the Incapacitated Person owes, including mortgages, loans, credit card debt, etc

* Do you wish to enter liabilities and debt details for the incapacitated person: No

* Please enter the total liabilities and debt amount: 473

35. Part IV, #1

(cont.): Total liabilities/debt amount

Click in the field and enter the IP's total liabilities and debts for the reporting year. Proceed to Step 41.

36. Part IV, #1

(cont.): Click the Add Income Source icon

38. Part IV, #1

(cont.): Lender

Click in the **Lender** field and enter the name of the person or organization to whom the IP owes a debt.

PART IV. LIABILITIES/DEBTS

1. List all debts the Incapacitated Person owes, including mortgages, loans, credit card debt, etc

* Do you wish to enter liabilities and debt details for the incapacitated person: Yes

Liability/Debt	Lender	Value	
Credit Card	Visa	473	
SubTotal:		473	

37. Part IV, #1

(cont.): Type of liability/debt

Click in the **Liability/Debt** field and summarize the type of debt that is owed by the IP (ex. mortgage, credit cards, automobile loan, etc.).

40. Part IV, #1

(cont.): Add other liabilities/debts

Repeat Steps 36-39 to enter any additional liabilities/debts owed by the IP.

39. Part IV, #1

(cont.): Value

Click in the **Value** field and enter the amount, in U.S. dollars, that is owed to the lender.

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41. Part V, #1:

Surety bond

Confirm that the information appearing in this field correctly shows if a surety bond was required by the decree that appointed the guardian.

PART V: GUARDIAN COVERAGE

1. Was a surety bond required by the decree appointing you as guardian?
* Surety Bond Required: Yes

Please attach a copy of the bond using the (Upload Document) button found at the bottom of t

2. Are you a professional guardianship agency or an attorney serving as a guardian?
* Professional Status: Yes

* Do you have professional liability coverage?: Yes

Please attach a copy of insurance policy using the (Upload Document) button four

43. Part V, #2:

(cont.): Liability coverage

Click on the dropdown and select 'Yes' or 'No' to specify if the guardian maintains personal liability coverage.

Tip If you select 'Yes', you have the option to upload a copy of the guardian's insurance policy, if it was provided, to this report. This can be completed in Step 72.

42. Part V, #2:

Professional guardian?

Click on the dropdown and select the appropriate option to specify if the guardian works for a professional guardianship agency or is an attorney.

If you selected 'Yes', continue to Step 43.

If you selected 'No', 'Not Answered', or 'Needs Review', proceed to Step 44.

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44. Part VI, #1: IP's residence

Click on the dropdown and select 'Yes' or 'No' to specify if the IP lives at home or in the home of a relative.

If you selected 'Yes', continue to Step 45.

If you selected 'No' or 'N/A – The Incapacitated Person is already in a supervised residential setting', proceed to Step 47.

PART VI: PERSONAL CARE PLAN

1. Can the Incapacitated Person remain in their current residence with assistance, or in the home of...

* Remain in Current Residence: Yes

* Responsible Family Member: Cameron Boggs

Services from the local Area Agency on Aging: (One or more of these fields is required)

Private Companion/Assistance Service: (One or more of these fields is required)

* Number of days per week: 5

* Number of hours per week: 10

Assistance from family members: (One or more of these fields is required)

* Will compensation be provided?: No

45. Part VI, #1 (cont.): Name of relative

Enter the name(s) of the family member(s) that is providing in-home assistance to the IP.

46. Part VI, #1 (cont.): Support services

Select any of the checkboxes that apply.

• If you selected **Private Companion/Assistance Service**, you must also enter the number of days and hours per week.

• If you selected **Assistance from family members**, you must click on the dropdown and specify if the relative receives compensation. If yes, enter the amount in U.S. dollars.

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47. Part VI, #2: Supervised residential setting

Click on the dropdown and select 'Yes' or 'No' to specify if there are plans to move the IP to a supervised residential setting (ex. nursing home, assisted living, personal care, etc.).

If you selected 'Yes', continue to Step 48.

If you selected 'No', 'N/A – The Incapacitated Person is already in a supervised residential setting', proceed to Step 51.

48. Part VI, #2a: Type of residential setting

Click on the dropdown and choose the option that best describes the residential setting.

Tip If you choose 'Other' you must describe the residential setting.

49. Part VI, #2b: Explanation

Enter any steps, whether completed or not, that the guardian is taking to move the IP to the residential setting.

50. Part VI, #3: IP's Residence

Enter the IP's current address.

51. Part VII, #1b: Annual expenses

Enter the estimated annual expenses paid, in U.S. dollars, for the care of the IP.

Tip Each of the other fields in this question will display information automatically based on the details you have already entered.

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52. Part VII, #2: *Income vs. expenses*

Based on whether the Net Income, from Question #1c, is a positive or negative amount, click on the dropdown and select the best option that specifies whether the IP's income can meet their expenses.

54. Part VII, #3 (cont.): *Application Type*

Click on the **Application Type** dropdown and select the best option.

56. Part VII, #3 (cont.): *Add other applications*

Repeat steps 53-55, as needed, for any additional applications that need to be entered.

53. Part VII, #3: *Government benefits*

If an application(s) has been submitted on behalf of the IP for government benefits, click the Add Government Benefit icon. Continue to Step 54.

If no applications have been submitted, proceed to Step 57.

55. Part VII, #3 (cont.): *Date of submission*

Click in the **Date of submission** field and enter the date the application was submitted to the appropriate agency.

57. Part VII, #4: Real estate

Based on the details provided by the guardian, summarize how any real estate owned by the IP will be sold and/or maintained during the guardianship.

2. Is the net income listed above sufficient to care for the needs of the Incapacitated Person?
* Sufficient Income: No, but assets (principal) are availab

3. Indicate any applications for government benefits that have been submitted:

Application Type	Description	Date of submission	
Social Security Disability Insurance (SSDI)		01/20/2022	

4. Describe all real estate included in the estate and how it will be maintained or sold
Real Estate Description: IP has a residence at 1301 Maple Avenue in Sandy Ridge, PA 16677 and guardian Cameron Boggs is in charge of maintenance of this residence along

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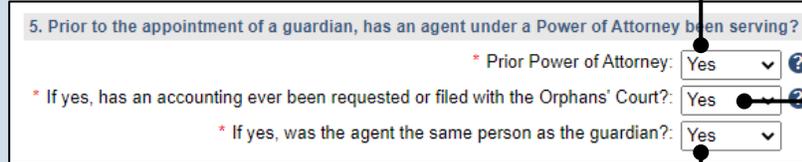
58. Part VII, #5:

Power of attorney

Click on the dropdown and select 'Yes' or 'No' to specify if the IP had designated a power of attorney prior to the start of the guardianship.

If you selected 'Yes', continue to Step 59.

If you selected 'No', 'Needs Review', or 'Not Answered', proceed to Step 61.



5. Prior to the appointment of a guardian, has an agent under a Power of Attorney been serving? ?

* Prior Power of Attorney: Yes No ?

* If yes, has an accounting ever been requested or filed with the Orphans' Court?: Yes No ?

* If yes, was the agent the same person as the guardian?: Yes No ?

59. Part VII, #5 (cont.):

Accounting

Click on the dropdown and specify if an accounting has been requested by and/or submitted to the court.

60. Part VII, #5

(cont.): Power of attorney & guardian

Click on the dropdown and specify if the person that was serving as the power of the attorney is also the guardian for IP.

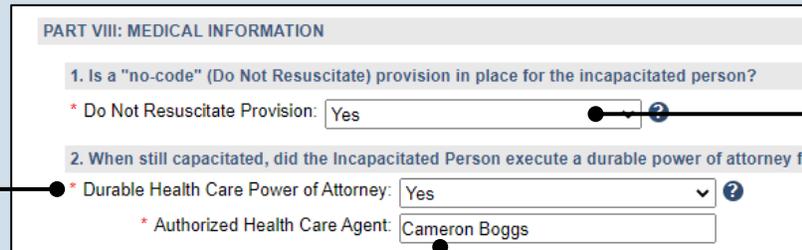
62. Part VIII, #2:

Durable power of attorney

Click on the dropdown and specify if a durable power of attorney or other health care directives were arranged by the IP prior to their incapacitation.

If you selected 'Yes', continue to Step 63.

If you selected 'No', 'Not Answered', or 'Needs Review', proceed to Step 64.



PART VIII: MEDICAL INFORMATION

1. Is a "no-code" (Do Not Resuscitate) provision in place for the incapacitated person?

* Do Not Resuscitate Provision: Yes No ?

2. When still capacitated, did the Incapacitated Person execute a durable power of attorney for health care?

* Durable Health Care Power of Attorney: Yes No ?

* Authorized Health Care Agent: Cameron Boggs

61. Part VIII, #1: Do not resuscitate (DNR)

Click on the dropdown and specify if a DNR order exists for the IP.

63. Part VIII, #2 (cont.): Identify agent

Enter the name of the individual or organization that has been designated to make the IP's health care decisions.

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64. Part VIII, #3:

Funeral & burial

Click on the dropdown and specify if the IP has a will, trust, or explicit funeral and burial wishes.

If you selected 'Yes', continue to Step 65.

If you selected 'No', 'Not Answered', or 'Needs Review', proceed to Step 68.

65. Part VIII, #3 (cont.):

Explanation

Enter the information that has been provided about the IP's will, trust, and/or their funeral and burial wishes.

66. Part VIII, #3

(cont.): Burial account

Click on the dropdown and specify if money has been set aside for burial, in a bank account or some other holding, or prepaid burial arrangements have been made.

If you selected 'Yes', continue to Step 67.

If you selected 'No', proceed to Step 68.

67. Part VIII, #3

(cont.): Value of burial account

Click in the field and enter the value of the burial account in U.S. dollars.

68. Co-guardians?

If there is more than one guardian named on this report under Part I, Question #1, continue to Step 69.

Otherwise, proceed to Step 70.

69. Co-guardians

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

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70. Signature and Affirmation

(cont.): Contact information

Review the guardian's address. 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.

Tip: If any of the co-guardian's information is incorrect, save and exit the report, and then update their participant record through the GTS Case screen.

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 ?	Offi
11/23/2022	/s/ Cameron Boggs	Cameron Boggs	Unit	341 Lincoln Ave.			Sal	I	16677			Unit	() - - - -	()
11/23/2022	/s/ George Sheridan	George Sheridan	Unit	5457 Henley Way			Ge	I	17325			Unit	(717) 555-8888	()

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

71. (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.

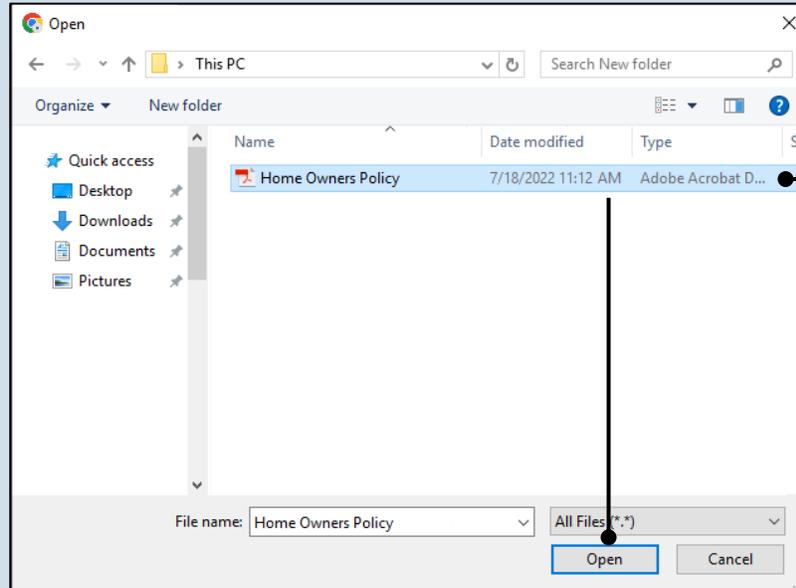
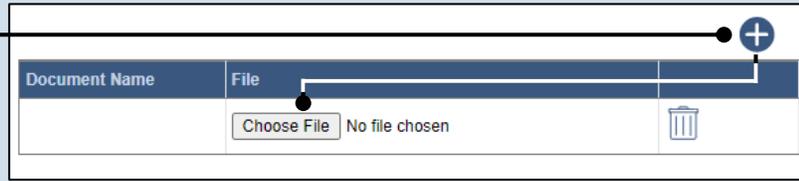
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72. (Optional) Signature and Affirmation (cont.): Documents

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 73.

If you have no documents to upload, proceed to Step 74.



73. 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.

74. Select the guardian verification checkboxes

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

I, the guardian of the Estate, 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 contains the information as reported in the paper filed report. The Court User acknowledges that the information entered into the

* Next Action: Save
 Save and Close
 Submit

* Filing Date:

* Filing Time:

75. Select the Submit radio button

76. Enter the filed date/time

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

77. Click OK