

IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION

In re: \_\_\_\_\_ :  
\_\_\_\_\_ : File No.  
An Alleged Incapacitated person \_\_\_\_\_ :

RESPONSE TO PETITION FOR  
COMPENSATION TO COURT-APPOINTED  
COUNSEL

Guardian of Estate:

Date of Appointment:

Date of Receipt of Compensation Petition:

My/our ward ☐ DOES ☐ DOES NOT have assets sufficient to pay compensation to court-appointed counsel

- bank accounts valued at \$
  - investments valued at \$
  - real estate valued at \$
  - estimated monthly income of \$ \_\_\_\_\_ comprised of: (list sources of income)
- 
- estimated monthly care and maintenance costs: \$

Date:

BY:

\_\_\_\_\_  
Signature of Guardian of Estate

\_\_\_\_\_  
Signature of Guardian of Estate