

***Sample language to include in a petition and Order of Court to approve reimbursement of Advocord subscription fee from the incapacitated person's funds:***

Petition To Approve Reimbursement of Expense

This petition respectfully represents:

1. The Petitioner, *[name of guardian/conservator]*, is the guardian *[or conservator]* appointed on *[date of appointment]* by this Honorable Court for the estate and person of *[name of incapacitated person]*, an incapacitated person. *A copy of the Order appointing Petitioner is attached hereto.*
2. In order to efficiently and securely track assets, expenses, medical information, and Petitioner's activities with and on behalf of the incapacitated person, Petitioner has subscribed to Advocord, a software platform that is a tool to help Petitioner fulfill his/her duties as guardian *[or conservator]*.
3. The cost of this subscription is \$\_\_\_\_\_ per month.
4. Using this software service is in the best interests of the incapacitated person because it allows the Petitioner to more accurately and securely track information related to the incapacitated person, to access that information from anywhere, and to produce the information for interested parties, including this Honorable Court.
5. The reports generated by Advocord will assist the Petitioner in preparing the annual reports that he/she is required to file with the Court.
6. The receipt for the current subscription is attached hereto.

Petitioner therefore respectfully asks that the Court authorize reimbursement from the funds of the incapacitated person for the cost of his/her Advocord subscription, as guardian of *[name of incapacitated person]*, an incapacitated person.

Order of Court

NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the Petition to Approve Reimbursement of Expense having been read, considered and ordered to be filed, the Petition is hereby approved and *[name of guardian/conservator]* is hereby authorized to be reimbursed for the cost of his/her subscription to Advocord from the funds of *[name of incapacitated person]*.

By the Court,

\_\_\_\_\_  
J.

***This sample Petition and Order are for illustration purposes only and are not intended as legal advice. You should consult with an attorney to discuss your options for seeking reimbursement and whether there is any additional information that should be included in accordance with any local or state rule of Court.***

***Advocord does not provide legal representation and no attorney-client relationship exists between Advocord and its subscribers.***