

PETITION FOR THE APPOINTMENT OF A GUARDIAN WITH INSTRUCTIONS

Purpose

The purpose of the Petition for the Appointment of a Guardian is to ask the court to make a determination that the person is disabled and that you be appointed as guardian.

What You Have to Do

You must complete this and file it with the clerk of the court. You will fill out part of this form before you see the clerk, and part of it later.

Most of the work has been done for you. Each blank on the form calls for information about you and your case. Make sure the information you put in the blanks is true and correct. By signing the petition you are swearing that all of the information in it is true.

How to Complete the Sheet

You have two choices: you can print the blank form and fill it in with a pen later, or you can fill it out on the computer now.

To fill out the form on the computer, double click on a blank line to highlight the line, then press delete. The line should disappear. Then delete the number that was next to the blank and type in the required information. Each numbered instruction below matches the same number on the form.

- (1) Insert the number of the judicial circuit in which you are filing the motion. If you don't know the number, leave it blank for now and ask the clerk when you file your case.
- (2) Insert the name of the county in which you are filing your forms.
- (3) Insert the name of the person you want guardianship of. This person is known as the "respondent" in the lawsuit.
- (4) Insert your name.
- (5) Insert your name.
- (6) Insert your relationship to the respondent.
- (7) Insert the respondent's name.
- (8) Insert the respondent's birth date.
- (9) Insert "his" or "her", depending on the respondent's gender.
- (10) Insert the respondent's current address.
- (11) Insert "person" and/or "estate", depending on the kind of guardianship you are asking for.
- (12) Insert the respondent's name.
- (13) Insert "he" or "she," based on the gender of the respondent.
- (14) Insert the name of the physician who performed the exam of the respondent and prepared the physician's report.

- (15) Insert the doctor's diagnosis.
- (16) Insert "him" or "her," based on the gender of the respondent.
- (17) Insert an explanation of how the disability has affected the respondent's ability to handle their personal and/or financial affairs.
- (18) Insert the respondent's name.
- (19) Insert the respondent's name.
- (20) Insert the respondent's name.
- (21) List the names and addresses of the respondent's relatives in the following order: spouse, adult children, parents, and adult brothers and sisters, if any. If none, then list the respondent's nearest adult relatives and their addresses.
- (22) Insert the respondent's name.
- (23) List any real estate or personal property that the respondent owns. For example: cars, home, boat, land, savings and/or checking accounts.
- (24) Insert an estimate for the total value of the items listed in #26. The value should be the amount for which the property could be sold today, not the amount for which it was bought.
- (25) Insert the respondent's name.
- (26) Insert the respondent's anticipated income, if any, and list its source. For example: monthly social security or pension checks.
- (27) Insert your name (or the name of the individual who is asking to be appointed guardian).
- (28) Insert the kind of guardianship that you are asking for (either "estate" or "person" or "estate and person").
- (29) Insert the respondent's name.
- (30) Insert "he" or "she," based on the gender of the person asking to be appointed guardian.
- (31) Insert whether or not you (or the individual who wishes to be guardian) has been convicted of a felony.
- (32) Insert your name (or the name of the individual who is asking to be appointed guardian).
- (33) Insert the respondent's name.
- (34) Insert your name (or the name of the individual who is asking to be appointed guardian).
- (35) Insert the kind of guardianship that you are asking for (either "estate" or "person" or "estate and person").
- (36) Insert the respondent's name.
- (37) Insert your name (or the name of the individual who is asking to be appointed guardian).
- (38) Insert "he" or "she," based on the gender of the person asking to be appointed guardian.
- (39) Insert "he" or "she," based on the gender of the person asking to be appointed guardian.
- (40) Insert "he" or "she," based on the gender of the person asking to be appointed guardian.

After you print the form:

Read the petition to make sure that everything it says is true and correct. Then sign and date the form in pen on the spaces provided at the bottom of the second page. Sign the form again beneath the Verification of Certification. When you sign your name here, you are swearing to the court that everything in the petition is true.

IN THE CIRCUIT COURT FOR THE (1) _____ JUDICIAL CIRCUIT
 (2) _____ COUNTY, ILLINOIS

In the Matter of the Guardianship of: _____)
 _____)
 (3) _____, _____) No. ____-P- _____
 _____)
 Alleged Disabled Person. _____)

PETITION FOR THE APPOINTMENT OF A GUARDIAN

Petitioner, (4) _____, alleges as follows:

1. Petitioner, (5) _____ is (6) _____.
2. The alleged disabled person, (7) _____, was born (8) _____ and (9) _____ current residence is (10) _____.
3. A plenary guardianship of the (11) _____ of (12) _____ because (13) _____ has been diagnosed by physician (14) _____ as suffering from (15) _____ more fully stated in the report of said physician, which has left (16) _____ without sufficient understanding or capacity to make or communicate responsible decisions concerning the care of (17) _____.
4. A limited guardianship will not provide sufficient protection for (18) _____.
5. The aforesaid Physician's Report has been submitted concurrently with this Petition in a sealed envelope to the Clerk of the Circuit Court consistent with Subsection (C) of §11a-9 of the Probate Act; said report is incorporated herein by reference and made a part hereof.

6. (19) _____ currently has no guardian and has no agent under the Illinois Power of Attorney Act.

7. The names and addresses of the nearest relatives of (20) _____
_____ are, in statutory order (755 ILCS 5/11a-8):

(21)

8. (22) _____ has (23) _____ in personal property, with the estimated value of (24) \$_____.

9. The current and anticipated receipts of (25) _____ consist of (26) _____.

10. The proposed guardian, (27) _____, is qualified to be appointed the guardian of the (28) _____ of (29) _____ in that (30) _____ is not of unsound mind, is not an adjudged disabled person, (31) _____ and meets all other requirements of §11a-5 of the Probate Act.

WHEREFORE, Petitioner, (32) _____, prays that an order be entered adjudicating (33) _____ to be a disabled adult within the meaning of the Probate Act and appointing and naming (34) _____ as plenary guardian of the (35) _____ of (36) _____.

Dated this day _____ of _____, 20____.

Petitioner

VERIFICATION BY CERTIFICATION

(37) _____, respectfully states that (38) _____ is the Petitioner herein, and that (39) _____ has read the foregoing Petition for Appointment of Guardian and under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this petition are true and correct except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that (40) _____ believes that same to be true.

Petitioner

LETTER TO THE DOCTOR AND PHYSICIAN'S REPORT WITH INSTRUCTIONS

Purpose

In this letter, you are asking the doctor of the person for whom you seek guardianship to provide information to the court regarding the disability of the individual. The Physician's report should be sent along with the letter to the doctor.

What You Have to Do

Fill out the blanks in the letter and physician's report as instructed below. Then mail them to the physician. Make sure to include a self-addressed, stamped envelope so that the doctor can send the completed report back to you.

How to Complete the Sheet

You have two choices: you can print the blank form and fill it in with a pen later, or you can fill it out on the computer now.

To fill out the form on the computer, double click on a blank line to highlight the line, then press delete. The line should disappear. Then delete the number that was next to the blank and type in the required information. Each numbered instruction below matches the same number on the form.

- (1) Insert the date.
- (2) Insert the doctor's name and address.
- (3) Insert the respondent's name.
- (4) Insert the doctor's name.
- (5) Insert the respondent's name.
- (6) Insert "him" or "her," based on the respondent's gender.

On the Physician's Report:

- (7) Insert the alleged disabled person's name.
- (8) Insert the doctor's name and address.

After you print the forms:

Sign the letter on the line above the words "Pro Se". When you mail it to the physician, make sure to include the Physician's report form and a self-addressed, stamped envelope.

The rest of the Physician's Report will be filled out by the doctor.

Date (1) _____

(2) _____

RE: (3) _____

Dear Dr. (4) _____:

I understand that you are the physician for (5) _____, and I am asking the court for guardianship of (6)_____. In order for me to file the guardianship petition it will be necessary for you to provide me with certain information.

Illinois law requires that a guardianship petition be accompanied by a report from the individual's physician. For this purpose, I am enclosing a "Physician's Report" form which includes the information required by Illinois law. I would appreciate it if you could complete this form as soon as possible and return it to me in the enclosed envelope.

Your cooperation is greatly appreciated.

Very truly yours,

Pro se

Enclosure

PHYSICIAN'S REPORT

This report is requested for the purpose of determining whether a guardianship for your patient should be pursued. Chapter 740 Illinois Compiled Statutes 110/10 allows for the disclosure of otherwise confidential information to determine whether a guardianship is needed.

Patient's Name: (7) _____

Physician's Name and Address: (8) _____

Date of Last Examination of Patient: _____

Description of the nature and type of patient's disability:

Assessment of how the disability impacts on the ability of the patient to make decisions or to function independently:

An analysis and results of evaluations of the respondent's mental and physical condition and, where appropriate, educational condition, adaptive behavior and social skills, which have been performed within the past 3 months:

Do you believe a guardianship is needed for this patient? _____

If so, does the patient require a plenary guardian or a limited guardian? _____

Please state the scope and extent of the guardianship you would recommend and the reasons for your recommendation:

What is your recommendation as to the most suitable living arrangement of this patient and, where appropriate, treatment or habilitation plan for the patient and the reasons therefore:

Date of this report: _____

Physician's Signature

Signature(s) of all persons who performed the evaluations upon which the report is based

SUMMONS, NOTICE OF RIGHTS OF RESPONDENT AND SHERIFF'S RETURN OF SERVICE WITH INSTRUCTIONS

Purpose

The purpose of the Summons and Notice of Rights of Respondent is to tell the Respondent (the disabled person) that someone is seeking Guardianship of him or her, and to notify them of the time, date and place of the Guardianship hearing.

What You Have to Do

You must have the sheriff's department serve the Summons and Notice, along with a copy of your Petition, on the Respondent after you file your Petition and get assigned a court date by the Probate Court Clerk. Service must be made at least 14 days before the date of the hearing.

There will be a fee for the sheriff's service of the Petition, Summons and Notice on the respondent.

How to Complete the Form

You have two choices: you can print the blank form and fill it in with a pen later, or you can fill it out on the computer now.

To fill out the form on the computer, double click on a blank line to highlight the line, then press delete. The line should disappear. Then delete the number that was next to the blank and type in the required information. Each numbered instruction below matches the same number on the form.

- (1) Insert the number of the judicial circuit. If you don't know the number, leave this blank for now and ask the Clerk when you file your forms.
- (2) Insert the case name of the county where you file your forms.
- (3) Insert the respondent's name.
- (4) Insert the respondent's name.

After you print the form:

You will fill in the rest of the first page of the Summons when you file your forms. When you file, the clerk will assign you a case number and a hearing time, place and judge. Leave the rest of the form blank. It will be filled out by the Circuit Clerk and the sheriff who serves the summons on the respondent.

IN THE CIRCUIT COURT FOR THE (1) _____ JUDICIAL CIRCUIT
(2) _____ COUNTY, ILLINOIS

In the Matter of the Guardianship of: _____)
_____)
(3) _____, _____) No. _____-P- _____
_____)
Alleged Disabled Person. _____)

SUMMONS FOR APPOINTMENT OF GUARDIAN

To: (4) _____

NOTICE OF RIGHTS OF RESPONDENT

You have been named as a respondent in a guardianship petition asking that you be declared a disabled person. If the court grants the petition, a guardian will be appointed for you. A copy of the guardianship petition is attached for your convenience.

The date and time of the hearing are: _____

The place where the hearing will occur is: _____ County Courthouse,
_____, Illinois.

The Judge's name and phone number is: _____

If a guardian is appointed for you, the guardian may be given the right to make all important personal decisions for you, such as where you may live, what medical treatment you may receive, what places you may visit, and who may visit you. A guardian may also be given the right to control and manage your money and other property, including your home, if you own one. You may lose the right to make these decisions for yourself.

You have the following legal rights:

- 1) You have the right to be present at the court hearing.
- 2) You have the right to be represented by a lawyer, either one that you retain, or one appointed by the Judge.
- 3) You have the right to ask for a jury of six persons to hear your case.
- 4) You have the right to present evidence to the court and to confront and cross-examine witnesses.
- 5) You have the right to ask the Judge to appoint an independent expert to examine you and give an opinion about your need for a guardian.
- 6) You have the right to ask that the court hearing be closed to the public.
- 7) You have the right to tell the court whom you prefer to have for your guardian.

You do not have to attend the court hearing if you do not want to be there. If you do not attend, the Judge may appoint a guardian if the Judge finds that a guardian would be of benefit to you. The hearing will not be postponed or canceled if you do not attend.

IT IS VERY IMPORTANT THAT YOU ATTEND THE HEARING IF YOU DO NOT WANT A GUARDIAN OR IF YOU WANT SOMEONE OTHER THAN THE PERSON NAMED IN THE GUARDIANSHIP PETITION TO BE YOUR GUARDIAN. IF YOU DO NOT WANT A GUARDIAN OR IF YOU HAVE ANY OTHER PROBLEMS, YOU SHOULD CONTACT AN ATTORNEY OR COME TO THE COURT AND TELL THE JUDGE.

(S E A L)

WITNESS _____ 20_____

Clerk of the Court

By: _____
Deputy clerk

Date of Service: _____, 20_____
(To be inserted by officer on copy left with defendant or other person)

SHERIFF'S FEES)	Service and Return	\$ _____
)		
)	Miles	\$ _____
)	TOTAL	\$ _____

SHERIFF'S RETURN OF SERVICE

I certify that on _____, 20____, I served this summons and a copy of the Petition for Appointment of a Guardian by leaving a copy with _____ personally and informing him/her of its contents.

Sheriff of _____ County, Illinois

By: _____
Deputy Sheriff

NOTICE AND CERTIFICATE OF MAILING WITH INSTRUCTIONS

Purpose

The purpose is to give notice to everyone listed in the Petition as a relative of the respondent that you (or the petitioner) have filed for Guardianship of the respondent and to provide them with the date, time and place of the guardianship hearing.

The purpose of the Certificate of Mailing is to show the court that you sent the notice.

What You Have to Do

You must complete both forms. Make sure the information you put in the blanks is true and accurate. Then mail the Notice of Motion and a copy of the Petition to every person listed on the Notice of Motion. By signing the Certificate of Mailing you are swearing to the court that you have mailed the Notice and Petition to all of the people listed.

How to Complete the Sheet

You have two choices: you can print the blank form and fill it in with a pen later, or you can fill it out on the computer now.

To fill out the form on the computer, double click on a blank line to highlight the line, then press delete. The line should disappear. Then delete the number that was next to the blank and type in the required information. Each numbered instruction below matches the same number on the form.

- (1) Insert the number of the judicial circuit in which you are filing the motion. If you don't know the number, leave this blank for now and ask the clerk for this information when you file your forms.
- (2) Insert the name of the county in which you are filing.
- (3) Insert the respondent's name.
- (4) These blanks are for the name and address of everyone who must be given notice of the Petition. This must include everyone who you listed in paragraph 7 of the Petition. If a Guardian Ad Litem has been appointed, then you must also list them here.
- (5) Insert your (the petitioner's) name.
- (6) Insert "person" and/or "estate", depending on the kind of guardianship you are asking for.
- (7) Insert the respondent's name.
- (8) Insert the number of the judicial circuit (same as in #1).
- (9) Insert name of county in which you are filing for guardianship (same as #2).
- (10) Insert name of county in which you are filing for guardianship (same as #2).
- (11) Insert the name of the city where the court house is located.
- (12) Insert the list of people to whom you are giving notice. This should be the same list as in #4.

After you print the forms:

When you file your forms you will get assigned a court date. Fill in the date and time on the Notice. Then sign the Notice on the line above the word "Petitioner".

After you mail the Notice and Petition to everyone listed, fill out the rest of the Certificate of Mailing with location and date of the mailing. Then sign the Certificate.

IN THE CIRCUIT COURT FOR THE (1) _____ JUDICIAL CIRCUIT
(2) _____ COUNTY, ILLINOIS

In the Matter of the Guardianship of: _____)
_____)
(3) _____, _____) No. _____-P-_____
_____)
Alleged Disabled Person. _____)

NOTICE

To: (4) _____

NOTICE IS HEREBY GIVEN that (5) _____ has filed the attached
Petition for the Appointment of a Guardian asking that a guardian of the
(6) _____ of (7) _____ be appointed. This Petition will
come on for hearing before the Circuit Court for the (8) _____ Judicial Circuit,
(9) _____ County, on _____, 20____ at _____ a.m./p.m. at the
(10) _____ County Courthouse in (11) _____, Illinois.

Although the law requires that you be given notice of this Petition you are neither
required nor requested to appear at that time. You are informed, however, that you do have the
right to be heard by the Court either with an attorney of your choice or without counsel.

Petitioner

CERTIFICATE OF MAILING

I, the undersigned pro se petitioner, hereby certify that I served a copy of the foregoing
Petition for Appointment of a Guardian upon each of the following persons:

To: (12) _____

I further certify that service of said documents on said person was made by me by
enclosing the same in sealed envelope plainly addressed to such person at his address as stated in
this certificate of service and by depositing each of such envelopes in the United
States mail in _____, Illinois, with postage fully prepaid thereon, on _____,
20____.

Petitioner

MOTION AND ORDER FOR APPOINTMENT OF GUARDIAN AD LITEM WITH INSTRUCTIONS

Purpose

The Motion asks the court to appoint a Guardian Ad Litem to protect the interests of the respondent (the disabled person). The Order is for the judge to sign if he or she decides to appoint a Guardian Ad Litem to represent the respondent.

What You Have to Do

Complete the Motion for Appointment of Guardian Ad Litem. Fill out part of the Order Appointing Guardian Ad Litem and bring it to court with you on your assigned court date. If the judge decides to appoint a Guardian Ad Litem for the respondent, the judge will then fill out the rest of the order and sign it.

How to Complete the Sheet

You have two choices: you can print the blank form and fill it in with a pen later, or you can fill it out on the computer now.

To fill out the form on the computer, double click on a blank line to highlight the line, then press delete. The line should disappear. Then delete the number that was next to the blank and type in the required information. Each numbered instruction below matches the same number on the form.

- (1) Insert the number of the judicial circuit in which you are filing the motion. If you don't know the number, leave it blank for now and ask the clerk when you file your forms.
- (2) Insert the name of the county in which you are filing your forms.
- (3) Insert the respondent's name.
- (4) Insert your name or the name of the petitioner (individual asking the court to appoint a Guardian Ad Litem).
- (5) Insert the respondent's name.
- (6) Insert the number of the judicial circuit in which you are filing your forms. If you don't know the number, leave it blank for now and ask the clerk when you file your forms.
- (7) Insert the name of the county in which you are filing the motion.
- (8) Insert the respondent's name.
- (9) Insert the respondent's name.

After you print the forms:

Sign your name on the Motion. The Judge will complete the rest of the Order.

IN THE CIRCUIT COURT FOR THE (1) _____ JUDICIAL CIRCUIT
(2) _____ COUNTY, ILLINOIS

In the Matter of the Guardianship of:)
)
(3) _____,) No. _____-P- _____
)
Alleged Disabled Person.)

MOTION FOR APPOINTMENT OF GUARDIAN AD LITEM

Petitioner, (4) _____, moves the Court to enter an order appointing a
Guardian Ad Litem to protect the interests of (5) _____, the alleged disabled
person in the above-captioned guardianship matter.

Petitioner

IN THE CIRCUIT COURT FOR THE (6) _____ JUDICIAL CIRCUIT
(7) _____ COUNTY, ILLINOIS

In the Matter of the Guardianship of:)
)
(8) _____,) No. _____ -P- _____
)
Alleged Disabled Person.)

ORDER APPOINTING GUARDIAN AD LITEM

Upon the filing of the Petition for Appointment of Guardian and Petitioner's Motion for the Appointment of a Guardian Ad Litem, and in conformity with paragraph 11a-10(a) of the Probate Act;

IT IS HEREBY ORDERED that _____ should be and is appointed to act as Guardian Ad Litem for (9) _____, the alleged disabled person herein, in the manner specified by the Probate Act.

Entered this day of _____, 20____.

JUDGE

NOTICE OF FILING AND CERTIFICATE OF SERVICE WITH INSTRUCTIONS

Purpose

The purpose of the Notice of Filing is to give notice to all the respondent's relatives listed in the Petition that a doctor's report regarding the respondent was made and filed with the court.

The purpose of the Certificate of Service is to show the court that you mailed the required notice.

What You Have to Do

You must complete both forms. Then mail the Notice of Filing to all of the people listed on it and sign the Certificate of Service to verify that you did this.

How to Complete the Forms

You have two choices: you can print this form and fill it in with a pen later, or you can fill it out on the computer now.

To fill out the form on the computer, double click on a blank line to highlight the line, then press delete. The line should disappear. Then delete the number that was next to the line and type in the required information according to the numbers below. Each numbered instruction matches the same number on the form.

- (1) Insert the number of the judicial circuit in which you are filing your forms. If you don't know the number, leave this blank for now and ask the clerk when you file your forms.
- (2) Insert the name of the county in which you are filing.
- (3) Insert the respondent's name.
- (4) The blanks are for the names and addresses of everyone named as a relative in the Petition for Appointment of Guardian. In addition, you must list and give notice to the Guardian Ad Litem if their name and address are known.
- (5) Insert the respondent's name.
- (6) Insert the name of the doctor who prepared the physician's report.
- (7) Insert the same list of names and addresses from #4.

After you print the forms:

Sign the Notice of Filing on the line above the word "Petitioner". Then mail a copy of the Notice to everyone listed on it. Fill in the rest of the Certificate of Mailing with the name of the city from where you mailed the Notices and the date on which you mailed them. Then sign the Certificate of Mailing.

IN THE CIRCUIT COURT FOR THE (1)_____ JUDICIAL CIRCUIT
(2)_____ COUNTY, ILLINOIS

In the Matter of the Guardianship of:)
)
 (3) _____,) No. _____ -P- _____
)
 Alleged Disabled Person.)

NOTICE OF FILING

To: (4)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE TAKE NOTICE that a written Report concerning
 (5) _____, required by paragraph 11a-9 of the Probate Act, made by
 (6) _____ has been submitted in a sealed envelope to the Clerk of the
 Circuit Court, and that consistent with Subsection (C) of ¶11a-9 of the Probate Act said report
 shall not be made part of the public record in the above-captioned proceedings but shall be
 available to those authorized by said statute.

 Petitioner

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that I served a copy of the foregoing Notice of Filing referred to therein upon each of the following persons: (7)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I further certify that service of said document on said person was made by me by enclosing the same in sealed envelope plainly addressed to such person at his address as stated in this certificate of service by depositing each of such envelope in the United States mail in _____, Illinois, with postage fully prepaid thereon, on _____, 20____.

Petitioner

FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER APPOINTING GUARDIAN WITH INSTRUCTIONS

Purpose

The purpose of this form is to put into writing the court's decision regarding the guardianship of the respondent.

What You Have to Do

You must fill out the form as instructed below. The judge will complete the form and sign the order.

How to Complete the Form

You have two choices: you can print this form and fill it in with a pen later, or you can fill it out on the computer now.

To fill out the form on the computer, double click on a blank line to highlight the line, then press delete. The line should disappear. Then delete the number that was next to the line and type in the required information according to the instructions below. Each numbered instruction matches the same number on the form.

- (1) Insert the number of the judicial circuit in which you are filing the motion. If you don't know the number, leave it blank for now and ask the clerk when you file your forms.
- (2) Insert the name of the county in which you are filing the motion.
- (3) Insert the respondent's name.
- (4) Insert the date and year on which the hearing was held.
- (5) Insert the time of the hearing and delete either "a.m." or "p.m."
- (6) Insert the petitioner's name.
- (7) Insert the respondent's name.
- (8) Insert the name of the guardian ad litem, if applicable.
- (9) Insert the respondent's name.
- (10) Insert the name of the county in which the respondent lives.
- (11) Insert the respondent's age.
- (12) Insert the respondent's date of birth.
- (13) Insert "person" and/or "estate", depending on the kind of guardianship you are asking for.
- (14) Insert the respondent's name.
- (15) Insert "he" or "she," based on the respondent's gender.
- (16) Insert "his" or "her," based on the respondent's gender.
- (17) Insert the name of the doctor who provided the physician's report.
- (18) Insert the name of the physical ailment(s).
- (19) Insert "him" or "her," based on the respondent's gender.

- (20) Insert "His (or her) person and/or estate," depending the respondent's gender and what kind of guardianship is necessary.
- (21) Insert the respondent's name.
- (22) Insert the respondent's name.
- (23) Insert your name (or the name of the person who is asking to be appointed as guardian).
- (24) Insert "person" and/or "estate," depending on the kind of guardianship you are asking for.
- (25) Insert the respondent's name.
- (26) Insert "his (or her) person and/or property," depending on the respondent's gender and the kind of guardianship you are asking for.
- (27) Insert the respondent's name.
- (28) List the respondent's property.
- (29) Insert the respondent's name.
- (30) Insert the respondent's monthly income.
- (31) List the source(s) of the monthly income. For example: employment, SSI, Food Stamps, etc.
- (32) Insert the respondent's name.
- (33) Insert "his" or "her," based on the respondent's gender.
- (34) Insert the respondent's name.
- (35) Insert "his (or her) person and/or property," depending on the respondent's gender and the kind of guardianship you are asking for.
- (36) Insert "his" or "her," based on the respondent's gender.
- (37) Insert the respondent's name.
- (38) Insert "his (or her) person."
- (39) Insert "his" or "her," based on the respondent's gender.
- (40) Insert the respondent's name.
- (41) Insert "his (or her) estate," based on the respondent's gender.
- (42) Insert "person and/or estate". If you are not asking for guardianship of both the person and estate, then delete the sentence in paragraph #2 of the form that doesn't apply to your case.
- (43) Insert the respondent's name.
- (44) If you are only asking for a limited guardianship, then delete the last sentence of paragraph #2. If you are not asking for a limited guardianship, then insert the respondent's name.
- (45) Insert your name (or the name of the person asking to be appointed as guardian).
- (46) Insert the respondent's name.
- (47) Insert "his (or her) person and/or estate."
- (48) This line is left blank for the guardian to insert whether or not the right to make residential decisions is given by the court.
- (49) Insert the respondent's name.
- (50) Insert "his (or her) person and/or estate," depending on the respondent's gender and the kind of guardianship that you are getting.

- (51) Insert your name (or the name of the person asking to be appointed as guardian).
- (52) Insert "person" and/or "estate," depending on the kind of guardianship that is being awarded.
- (53) Insert the respondent's name.
- (54) Insert your name (or the name of the person asking to be appointed as guardian).
- (55) Insert "person" and/or "estate," depending on the kind of guardianship that is being awarded.
- (56) Insert the respondent's name.
- (57) The last line is left blank for the guardian to insert whether or not the right to make residential decisions is given by the court.

IN THE CIRCUIT COURT FOR THE (1) _____ JUDICIAL CIRCUIT
(2) _____ COUNTY, ILLINOIS

In the Matter of the Guardianship of: _____)
(3) _____, _____) No. _____ -P- _____
_____)
Alleged Disabled Person. _____)

**FINDINGS OF FACT, CONCLUSIONS OF LAW AND
ORDER APPOINTING GUARDIAN**

This matter came before the Court for hearing on (4) _____, 20____ at
(5) _____ a.m./p.m., the Petitioner, (6) _____, appearing in person,
and the alleged disabled person, (7) _____, appearing by and
through this court assigned guardian ad litem, (8) _____, and the Court having
considered the evidence adduced at such hearing, the Petition on file herein, the medical report
submitted herein, and all of the records and files herein, does make the following factual
findings:

1. (9) _____ is a resident of (10) _____ County, Illinois, is
(11) _____ years of age, and was born on (12) _____.

2. A guardianship of the (13) _____ of (14) _____
is required because (15) _____ has been diagnosed by (16) _____ physician, (17)
_____ as suffering from (18) _____ conditions
as more fully stated in the report of said physician, which have left (19) _____ without
sufficient understanding or capacity to make or communicate responsible decisions concerning
the care of (20) _____. A limited guardianship will not
provide sufficient protection for (21) _____.

3. The aforesaid Physician's Report has been submitted concurrently with this Court in a sealed
envelope to the Clerk of the Circuit Court consistent with Subsection (C) of the §11a-9 of the
Probate Act; said report is incorporated herein by reference and made a part hereof.

4. (22) _____ currently has no guardian and has no agent under the Illinois
Power of Attorney Act.

5. (23) _____ is capable of providing an active and suitable program of
guardianship for the (24) _____ of (25) _____ and
handling (26) _____ as required by law.

6. The estate of (27) _____ consists of (28) _____
_____. (29) _____ currently has
monthly income of (30) \$ _____ from (31) _____.

The Court further enters the following Conclusions of Law:

1. The Court has jurisdiction over the subject matter and over the person of the alleged disabled person, (32)_____.

2. Because of (33)_____ physical and mental conditions, (34)_____ is not able to manage (35)_____ and is, therefore, a disabled person within the meaning of Section 11a-2 of the Probate Act.

3. Because of (36)_____ disability, (37)_____ lacks sufficient capacity to make and communicate responsible decisions concerning the care of (38)_____ and because of (39) _____ disability, (40)_____ lacks capacity to manage (41)_____; and that for these reasons it is necessary to appoint a guardian of the (42) _____ of (43)_____. A limited guardianship will not provide sufficient protection for (44)_____.

4. (45)_____ is qualified to act as a guardian within the meaning of Section 11a-5 of the Probate Act.

5. In order to protect the best interests of (46)_____, a guardian of (47)_____ should be appointed.

6. (48)_____

NOW, THEREFORE, IT IS HEREBY ORDERED AND ADJUDGED:

A. That (49)_____ is a disabled person in need of the appointment of a plenary guardian of (50)_____.

B. That upon the filing of an oath and bond without surety, in the amount of \$ _____, (51)_____ should be, and hereby is, appointed the plenary guardian of the (52)_____ of (53)_____ in conformity with the Probate Act.

C. Upon filing of the oath and bond as required herein, the Clerk of this Court is authorized to issue Letters of Office to (54)_____, guardian of the (55)_____ of (56)_____.

D. (57)_____

ENTERED this _____ day of _____, 20_____.

JUDGE

OATH OF GUARDIAN WITH INSTRUCTIONS

Purpose

The person who wants to be guardian uses this form to formally swear to his or her duties.

What You Have to Do

Fill out the form along with the other forms listed in “How to Get Guardianship of a Disabled Adult” and take them to court.

This form must be signed by a notary public. Do not sign the form until you are **in front of a notary public.** Then the notary public will also sign the Petition.

How to Complete the Sheet

You have two choices: you can print the blank form and fill it in with a pen later, or you can fill it out on the computer now.

To fill out the form on the computer, double click on a blank line to highlight the line, then press delete. The line should disappear. Then delete the number that was next to the blank and type in the required information. Each numbered instruction below matches the same number on the form.

- (1) Insert the number of the judicial circuit in which you are filing the motion. If you don't know the number, leave it blank for now and ask the clerk when you file your forms.
- (2) Insert the name of the county in which you are filing your forms.
- (3) Insert the respondent's name.
- (4) Insert your name (or the name of the person asking to be appointed as guardian).
- (5) Insert “estate” and/or “person.”
- (6) Insert the respondent's name.

After you print the form:

Go to a notary republic. Sign and date the form in front of the notary. Then the notary will sign the form.

IN THE CIRCUIT COURT FOR THE (1)_____ JUDICIAL CIRCUIT
(2)_____ COUNTY, ILLINOIS

In the Matter of the Guardianship of:)
)
(3)_____,) No. _____ -P- _____
)
Alleged Disabled Person.)

OATH OF GUARDIAN

I solemnly swear that I, (4)_____ will truly administer the
(5)_____ of (6)_____, who has
been adjudged a disabled person, and that in administering these processes, I shall do and
perform all acts required of it by law to the best of my ability; so help me God.

Dated: _____

Guardian

Sworn and subscribed to before me
this _____ day of _____, 20____.

My commission expires: _____

Notary Public
State of Illinois

LETTERS OF OFFICE WITH INSTRUCTIONS

Purpose

The Letters of Office officially documents your appointment as guardian of the disabled person.

What You Have to Do

Fill out the form as instructed below. Take the form to the Circuit Clerk. The Circuit Clerk will complete the form. You must give a copy of the Letters of Office to the Guardian Ad Litem (if applicable) and to the respondent.

This form must be signed the Circuit Clerk.

How to Complete the Sheet

You have two choices: you can print the blank form and fill it in with a pen later, or you can fill it out on the computer now.

To fill out the form on the computer, double click on a blank line to highlight the line, then press delete. The line should disappear. Then delete the number that was next to the blank and type in the required information. Each numbered instruction below matches the same number on the form.

- (1) Insert the number of the judicial circuit in which you are filing the motion. If you don't know the number, leave it blank for now and ask the clerk when you file your forms.
- (2) Insert the name of the county in which you are filing your forms.
- (3) Insert the respondent's name.
- (4) Insert either "person and estate" or "person" or "estate" according to the Judge's ruling.
- (5) Insert the guardian's name.
- (6) Insert "person" and/or "estate."
- (7) Insert the respondent's name.

After you print the form:

The Circuit Clerk will sign the form twice.

IN THE CIRCUIT COURT FOR THE (1)_____ JUDICIAL CIRCUIT
(2)_____ COUNTY, ILLINOIS

In the Matter of the Guardianship of:)
)
(3)_____,) No. _____-P-_____
)
Alleged Disabled Person.)

LETTERS OF OFFICE - GUARDIAN OF THE (4)_____

(5) _____ has been appointed the plenary guardian of the
(6)_____ of (7)_____, a disabled person and is
authorized to have under the direction of the court the care, management, and custody of the
ward, and to do all acts required by law.

(SEAL OF COURT)

Witness _____, 20__

(Clerk of Circuit Court)

CERTIFICATE

I certify that this is a copy of the letters of office now in force in the above entitled guardianship.

(SEAL OF COURT)

Witness _____, 20__

(Clerk of Circuit Court)

BOND OF LEGAL REPRESENTATIVE – NO SURETY WITH INSTRUCTIONS

Purpose

This form legally binds the individual who will be the guardian for the disabled adult and is proof of the amount of the bond paid by the guardian. Use this form if the court has determined that you do not have to have a surety.

What You Have To Do

Fill out the form. The amount of the bond will be provided by the judge. The amount of the bond is usually one and a half to two times the worth of the personal estate.

This form must be signed by a notary public. Do not sign the form until you are **in front of a notary public.** Then the notary public will also sign the form.

How to Complete the Sheet

You have two choices: you can print the blank form and fill it in with a pen later, or you can fill it out on the computer now.

To fill out the form on the computer, double click on a blank line to highlight the line, then press delete. The line should disappear. Then delete the number that was next to the blank and type in the required information. Each numbered instruction below matches the same number on the form.

- (1) Insert the number of the judicial circuit in which you are filing the motion. If you don't know the number, leave it blank for now and ask the clerk when you file your forms.
- (2) Insert the name of the county in which you are filing your forms.
- (3) Insert the respondent's name.
- (4) Insert the guardian's name.
- (5) Insert the respondent's name.

After you print the form:

Sign the form in front of the notary public. The Judge will either fill in the amount of bond or tell you what amount to fill in. Then the Judge will sign the form.

IN THE CIRCUIT COURT FOR THE (1)_____ JUDICIAL CIRCUIT
(2)_____ COUNTY, ILLINOIS

In the Matter of the Guardianship of:)
)
(3)_____,) No. _____-P-_____
)
Alleged Disabled Person.)

BOND OF LEGAL REPRESENTATIVE-NO SURETY

I (4)_____, bind myself to the People of the State of Illinois that I will discharge faithfully the duties of the office of guardian of the estate and person of (5)_____.

The obligation of this bond is limited to \$_____.

Guardian

APPROVED: _____, 20__

JUDGE

I certify that the person whose name is signed above, is known to me and appeared before me and acknowledged that he signed it voluntarily.

Dated this _____ day of _____, 20__.

Notary Public

BOND OF LEGAL REPRESENTATIVE – SURETY WITH INSTRUCTIONS

Purpose

This form legally binds the individual who will be the guardian for the disabled adult and is proof of the amount of the bond paid by the guardian. Use this form if the court has determined that you have to have surety.

What You Have to Do

Fill out the form. The amount of the bond will be provided by the judge. The amount of the bond is usually one and a half to two times the worth of the personal estate.

This form must be signed by a notary public. You and the 2 sureties must sign the form **in front of a notary public.** Then the notary public will also sign the form.

How to Complete the Sheet

You have two choices: you can print the blank form and fill it in with a pen later, or you can fill it out on the computer now.

To fill out the form on the computer, double click on a blank line to highlight the line, then press delete. The line should disappear. Then delete the number that was next to the blank and type in the required information. Each numbered instruction below matches the same number on the form.

- (1) Insert the number of the judicial circuit in which you are filing the motion. If you don't know the number, leave it blank for now and ask the clerk when you file your forms.
- (2) Insert the name of the county in which you are filing your forms.
- (3) Insert the respondent's name.
- (4) Insert your name (or the name of the person who will be appointed as guardian).
- (5) Insert the respondent's name.

IN THE CIRCUIT COURT FOR THE (1)_____ JUDICIAL CIRCUIT
(2)_____ COUNTY, ILLINOIS

In the Matter of the Guardianship of:)
)
(3)_____,) No. _____-P-_____
)
Alleged Disabled Person.)

BOND OF LEGAL REPRESENTATIVE- SURETY

I (4)_____, bind myself to the People of the State of Illinois that I will
discharge faithfully the duties of the office of guardian of the estate and person of
(5)_____.

The obligation of this bond is limited to \$_____ .

Guardian

APPROVED: _____, 20____

JUDGE

Address _____

as surety date

Address _____

as surety date

I certify that the persons whose names are signed above, are known to me and appeared before me and acknowledged that they signed the Oath and Bond of Representative voluntarily.

Dated this _____ day of _____, 20_____.

Notary Public

NOTICE OF RIGHT TO SEEK MODIFICATION AND CERTIFICATION WITH INSTRUCTIONS

Purpose

This form is used to tell the respondent that a guardian has been appointed and to inform them of their rights.

What You Have to Do

You must fill out the form and either give the form to the Judge after he or she enters an order for guardianship or send the form to the Circuit Clerk's office. Once the Judge has signed the order, the Circuit Clerk will mail the order to the disabled person.

How to Complete the Sheet

You have two choices: you can print the blank form and fill it in with a pen later, or you can fill it out on the computer now.

To fill out the form on the computer, double click on a blank line to highlight the line, then press delete. The line should disappear. Then delete the number that was next to the blank and type in the required information. Each numbered instruction below matches the same number on the form.

- (1) Insert the number of the judicial circuit.
- (2) Insert the name of the county where your hearing will take place.
- (3) Insert the respondent's name.
- (4) Insert the respondent's name and address.
- (5) Insert the guardian's name.
- (6) Insert the type of guardianship awarded by the court (plenary, limited, or other).
- (7) Insert the date the court order was entered.
- (8) Insert "He" or "She," based on the guardian's gender.

After you print the form:

Leave the rest of the form blank. The Judge will sign it and then give it to the circuit clerk. The circuit clerk will mail it to the respondent and fill out the Certification section.

IN THE CIRCUIT COURT FOR THE (1) _____ JUDICIAL CIRCUIT
(2) _____ COUNTY, ILLINOIS

In the Matter of the Guardianship of: _____)
_____)
(3) _____, _____) No. _____-P-_____
_____)
Alleged Disabled Person. _____)

NOTICE OF RIGHT TO SEEK MODIFICATION

TO: (4) _____

YOU ARE HEREBY NOTIFIED that (5) _____ was appointed as (6) _____ guardian of your person on (7) _____. (8) _____ may now make decisions concerning the care of your person and may make residential placement decisions. Under Section 11a-20 of the Illinois Probate Act you have the right to petition the Court for termination of the adjudication of your disability; you have the right to petition the Court for revocation of the letters of guardianship of the person and estate; and, you have the right to petition the Court for modification of the duties of the guardian.

You may communicate this request to the Court or Judge by any written means, including, but not limited to informal letter. Upon receipt of a request from a ward, the Court may appoint a Guardian ad Litem to prepare a petition for you and to render other services as the Court directs.

Notice of a hearing on this petition, together with a copy of the petition, shall be given to you, unless you are the petitioner, and to the Guardian, not less than 14 days before the hearing.

JUDGE

CERTIFICATION

I certify that on _____, 20____, I mailed this Notice of Right to Seek
Modification to: _____
by mailing him or her a copy via first class mail, with postage pre-paid and properly affixed at
_____, Illinois.

CIRCUIT CLERK