

Guardianship –Supplement

This supplement includes a forms guide as well as forms. The forms guide is for use only in filling out the forms. For more information about what these forms mean or are used for, consult the appropriate Self Help packet.

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Forms that are included in this supplement:

Motion to File Guardianship Petition Without Payment of Fees

(Verification by Certification)

Petition for Appointment of a Guardian

(Verification by Certificate)

Letter for doctor and physician's report

Summons for Appointment of Guardian/Notice of Rights of Respondent

Motion for Guardian Ad Litem

Order for Guardian Ad Litem

Notice

Certificate of Mailing

Notice of Filing

Certificate of Service

Findings of Fact, Conclusions of Law and Order Appointing Guardian

Oath of Guardian

Letters of Office–Guardian of the ...

Bond of Legal Representative-No Surety

Bond of Legal Representative- Surety

Notice of Right to Seek Modification

Certification

Circuit Courts in Illinois

Cook County is its own judicial circuit and its own forms. Go to <http://198.173.15.34/?section=HomePage> for Cook County information.

The rest of the counties in Illinois fall into one of 21 circuits.

First Circuit -	The counties of Alexander, Pulaski, Massac, Pope, Johnson, Union, Jackson, Williamson and Saline.
Second Circuit -	The counties of Hardin, Gallatin, White, Hamilton, Franklin, Wabash, Edwards, Wayne, Jefferson, Richland, Lawrence and Crawford.
Third Circuit -	The counties of Madison and Bond.
Fourth Circuit -	The counties of Clinton, Marion, Clay, Fayette, Effingham, Jasper, Montgomery, Shelby and Christian.
Fifth Circuit -	The counties of Vermilion, Edgar, Clark, Cumberland and Coles.
Sixth Circuit -	The counties of Champaign, Douglas, Moultrie, Macon, DeWitt and Piatt.
Seventh Circuit -	The counties of Sangamon, Macoupin, Morgan, Scott, Greene and Jersey.
Eighth Circuit -	The counties of Adams, Schuyler, Mason, Cass, Brown, Pike, Calhoun and Menard.
Ninth Circuit -	The counties of Knox, Warren, Henderson, Hancock, McDonough and Fulton.
Tenth Circuit -	The counties of Peoria, Marshall, Putnam, Stark and Tazewell.
Eleventh Circuit -	The counties of McLean, Livingston, Logan, Ford and Woodford.
Twelfth Circuit -	The county of Will.
Thirteenth Circuit	The counties of Bureau, LaSalle and Grundy.
Fourteenth Circuit -	The counties of Rock Island, Mercer, Whiteside and Henry.
Fifteenth Circuit -	The counties of JoDaviess, Stephenson, Carroll, Ogle and Lee.
Sixteenth Circuit -	The counties of Kane, DeKalb and Kendall.
Seventeenth Circuit -	The counties of Winnebago and Boone.
Eighteenth Circuit -	The county of DuPage.
Nineteenth Circuit -	The counties of Lake and McHenry.
Twentieth Circuit -	The counties of Randolph, Monroe, St. Clair, Washington and Perry.
Twenty-first Circuit -	The counties of Iroquois and Kankakee.

TIME TABLE FOR EVENTS

1. **Physician's Report.** A physician's report must be filed **at least 10 days prior to the hearing.** The report must be **based upon an examination** that was **performed within 3 months from the date of filing the petition.** 755 ILCS 11a-9. Normally, the physician's report is obtained prior to filing the petition and is filed when the petition is filed.
2. **Hearing** must be scheduled **within 30 days from the date the petition is filed.** 755 ILCS 11a-10.
3. **Temporary Hearing.** Can be scheduled any time the court will allow. The maximum period for a temporary guardianship is **60 days.**
4. **Notice of Hearing.** The petitioner must give notice of the time and place of the hearing to those persons named in the petition, including the proposed guardian, **not less than 14 days prior to the hearing.** 755 ILCS 5/11a-10.
5. **Summons.** The respondent, must be served with a copy of the petition and summons not less than 14 days before the hearing. 755 ILCS 5/11a-10 (e).
6. **Notice of Right to Seek Modification.** At the time of the appointment of a guardian the court shall inform the ward of his right to petition for termination of adjudication of disability, revocation of the guardianship or to modify the guardianship. 755 ILCS 5/11a-19.
7. **Inventory.** Within **60 days** from being appointed guardian of the estate, the guardian must file an inventory of the real and personal property of the ward. 755 ILCS 5/14-1.
8. **Reports.** The guardian of the person has a responsibility to file a report with the court, **at intervals indicated by the court,** stating the ward's current status. 755 ILCS 5/11a-17.
9. **Accounts.** A guardian of the estate must file an account of all transactions made on behalf of the ward **as directed by the court,** and if no time is set by the court, then once **every 3 years** from the date letters of office were issued. 755 ILCS 5/24-11. After a court orders a guardian for a disabled adult, the court will generally require a report from the guardian. Sometimes the order will ask for the report in one year: sometimes it specifies three years. If the order does not specify a due date, the guardian should try to update the court on an annual basis.

FEES*

(*Form to use if the alleged disabled person's estate can not afford to pay the court costs)

In the first blank write the Petitioner's name

1) In the first blank write the petitioner's name and in the second blank write the alleged disabled person's name.

2) In the first blank write the alleged disabled persons name. In the second blank write how much money the alleged disabled person gets per month and in the third blank write the source(s) of that income. In the blanks that follow in 2) you should set out any property of value (e.g. homes, cars, real estate) and their estimated value.

3) In the blank write the alleged disabled persons name.

The Petitioner should then write the date in the first blank, the month in the second blank, and the year in the last blank, and then sign their name where it says "Petitioner".

FORM: VERIFICATION BY CERTIFICATION

The Petitioner should print their name in the first blank, and then sign their name in the blank at the end of the form.

FORM: Petition for the Appointment of a Guardian

The first blank after the case caption should have the name of the Petitioner (party asking the court to find the person disabled).

Paragraph 1: Again write the petitioner's name in the first blank and in the second blank put the relationship of the petitioner to the alleged disabled person.

Paragraph 2: In the first blank put the alleged disabled person's name. In the second blank place the alleged disabled person's birth date, and the third blank their address.

Paragraph 3: In the first blank type "plenary", "temporary", "stand by" or "limited" (see guardianship packet). In the second blank type health and or property. In the third blank he or she, and in the fourth, his or her depending on whether the alleged disabled person is a man or a woman. In the sixth blank write the name of the doctor that prepared the physician's report and in the seventh blank write the diagnosis of the doctor. In the eighth blank indicate if the person is a him or a her. In the ninth blank set out how the disability has impacted the persons ability to handle their physical and or financial affairs.

Paragraph 4: Keep the fourth paragraph only if a limited guardianship is **not** sufficient, but remove and renumber the remaining paragraphs if a limited guardianship is being sought by the petitioner.

- Paragraph 5: (Make sure that the physician's report is given to the Circuit Clerk in a sealed envelope)
- Paragraph 6: List the name of the alleged disabled person
- Paragraph 7: In the first blank, again list the name of the alleged disabled person. In the remaining blanks list the alleged disabled person's nearest relatives and addresses in the following order as set out in 755 ILCS 5/11a-8:
1) spouse, adult children, parents and adult brothers and sisters if any, if none then 2) the nearest adult kin to the alleged disabled person
- Paragraph 8: The first blank is the alleged disabled person's name, and the second blank is to list any personal or real property that person owns (e.g. cars, home, land, boat, checking or savings accounts) and the final blank is to estimate the total value of the items listed in the previous blank.
- Paragraph 9: The first blank name the alleged disabled person, and the second blank list that person's anticipated income if any and state how it is distributed (e.g. monthly social security or pension checks).
- Paragraph 10: In the first blank list the name of person wanting to be named guardian, and in the second blank write whether the person is asking the court to be guardian of the person's property and or person (see the guardianship packet for more detail about the differences of the two types of guardianships). In the third blank name the alleged disabled person. In the fourth blank you will need to write either he or she depending on the gender of the person wanting to be named guardian. In the last blank the writer will need to list whether or not the proposed guardian has been convicted of a felony.

FORM: Verification by Certification

(In this part of any document the petitioner is essentially swearing to the court that everything that has been written is true.)

In the first blank name the petitioner and in the second, third, and fourth blank the gender of the petitioner. In the blank above the word petitioner, the petitioner needs to sign their name.

FORM: (Letter to doctor)

Write in the date in the blank on the top of the page. The Dr.'s name and address go in the next three lines grouped on the left side of the paper. In the blank to the right of "RE" you should write the alleged disabled person's name. After "Dear Dr." fill in the blank with the doctor's name. In the following blank write the disabled person's name and in the next blank write the gender of the alleged disabled person. End by having the petitioner **sign** their name in the blank above "Pro se".*

[*It is important to enclose a self addressed envelope with the letter to the doctor, so that the doctor's office can send the filled in the report back to you.](#)

FORM: Physician's Report

Write in the alleged disabled person's name to the right of "Patient's Name" and write the doctor's name and address in the blanks to the right "Physician's Name and Address". The remainder of blanks are for the doctor to fill in.

FORM: Notice of Rights of Respondent

To the right of the "To" following the caption, print the alleged disabled person's name and address.

Fill in the blanks that follow with 1) the date and time of the hearing, 2) the county of the courthouse, 3) the name of the city where the courthouse is located, and the final blank is 4) for the Judge's number (for e.g. the courthouse number). If you are unsure what phone number to list you can ask the circuit clerk what number the Judge wishes you to list in that blank.

The remainder is to be filled out by the circuit clerk and person serving the notice and the petition on the alleged disabled person.

FORM: Motion for Appointment of Guardian Ad Litem

In the first blank, name the petitioner, and in second blank name the alleged disabled person. The petitioner should sign their name in the blank above the word Petitioner.

FORM: Order Appointing Guardian Ad Litem

In the first blank name the requested guardian for the disabled adult and in the second blank write the name of the alleged disabled person. The remaining blanks are filled in by the Judge if he or she grants the motion.

FORM: Notice

The first group of blanks are for the names and addresses of everyone named in paragraph 7 in the Petition for Appointment of Guardian. In addition, notice should be given to the Guardian Ad Litem if their name and address is known.

After the group of lines, the first blank should contain the petitioner's name. The second blank should name the type of guardianship sought (e.g. temporary or plenary guardian see packet for descriptions of the different types) and the third blank is for property and or person (again for clarification, please see the packet material). The next two blanks should be the same information as in the caption (i.e. number of circuit and name of the county in which the case is filed). Blanks 6-8 should be the date, year, and time of the hearing (circling whether it is a.m. or p.m.). Blanks 9 & 10 should list (9) the county name and (10) the city .

The petitioner should sign his or her name above the blank with Petitioner written below it.

FORM: Certificate of Mailing

The group of blanks following “To:” should contain the names of persons that were sent notices and be identical to the list at the top of the notice.

The first blank in the paragraph that follows should be the name of the city the notices were mailed from, and the next three blanks should contain the month, day and year. The last blank is for the signature of the person that mailed the notices.

FORM: The Notice of Filing- should have the same caption, names and addresses as the notice.

The first blank that follows should be the name of the alleged disabled adult, and the second blank have the name of the doctor that prepared the physician’s report.

The petitioner should sign his or her name above the blank with Petitioner written below it.

The next **Certificate of Service** should be filed out the same way as the earlier **Certificate of Mailing** (the difference here is you are certifying the mailing of a different document).

FORM: Findings of Fact, Conclusions of Law, and order appointing guardian.

In the first three blanks place the date and time of the hearing. In the fourth blank write Petitioner’s name, and in the fifth the alleged disabled person’s name. In the next blank write the name of the guardian ad litem (if applicable).

- 1) a. Name of disabled person, b. their county, c. age, and d. birth date.
- 2) a. Person and or Estate, b. name of the disabled person, c. his or her (depending on the gender of the disable person), d. name of the physician, e. name of physical ailment(s) e. him or her (depending on the gender of the disable person), f. his or her (depending on the gender of the disable person), g. “of his (or her) person and/or manage his (or her) estate” [depending on the gender of the person and whether the court finds a guardianship for both person and estate is necessary].
- 4) Name of disabled person.
- 5) a. Name of the guardian. The remaining blanks are for the specifics of the guardianship (e.g. the first blank would be the “person”, and the second, the disabled person’s name and the last blank “his or her property”).
- 6) a. The first blank is the name of the disabled person, b. list disabled person’s property c) the name of the disabled person, d) the amount of monthly income, and e) list the source of the income.

-
- 1) Name of disabled person.
 - 2) a. His or her (depending on the gender of the disable person), b. name of disabled person.
 - 3) a. His or her (depending on the gender of the disable person), b. name of disabled

person c. his (or her) person* d. his or her (depending on the gender of the disabled person) e. name of disabled person f. his (or her) estate* g. person and or the estate* f. name of the disabled person (**Strike this last line if you are asking for a limited guardianship or the court only grants a limited guardianship.**) g. name of the disabled person h. his (or her) person and or estate*.

4) Name of guardian

5) a. Name of disabled person, b. his (or her) person and or estate*

6) This blank is left available for the guardian to write whether or right to make residential decisions is given by the court).

A. In the first blank the name of disabled person. In the second blank write the type of guardianship awarded (e.g. temporary, limited or plenary guardian see packet for descriptions of the different types) and in the third blank his (or her) person and or estate*

B. Let the judge fill in the first blank, and write the name of the guardian in the second blank. In the third blank person and or estate* and in the fourth blank the name of the disabled person.

C. In the first blank write the name of the guardian, and in the second blank person and or estate* and the third blank the name of the disabled person.

D. This blank is left available for the guardian to write whether or right to make residential decisions is given by the court

The remainder of the form can be filled in by the Judge.

***Depending on whether the court finds a guardianship for both person and estate is necessary.**

FORM: Oath of Guardian

In the first blank write the name of the guardian. In the second blank write either estate and or person, and in third blank write the name of the disabled person.

The guardian should then sign and date the oath in front of a notary public.

FORM: Letter of Office-Guardian of the _____

In the title add estate and or person according to the Judge's ruling.

In the first blank write the name of the guardian. In the second blank write either estate and or person, and in third blank write the name of the disabled person.

Take the Letter of Office to the Circuit Clerk's office. A clerk will fill out the remainder of the information. The GAL and the disabled adult should also get a copy of the Letters of Office.

FORM: BOND OF LEGAL REPRESENTATIVE-NO SURETY*

*If the court finds that the guardian does not have to have surety, this form should be used. (For a description of surety people see the packet material.)

The guardian's name should be printed in the first blank. In the second blank should be the name of the alleged disabled person. The Judge will fill in the amount blank or tell you what to write in that blank. (The amount of bond is usually one and a half to two times the worth of the personal estate.) The guardian needs to sign the oath and bond in front of a notary public.

FORM: BOND OF LEGAL REPRESENTATIVE-SURETY*

*If the court finds that the guardian has to have surety use this form. (For a description of surety people see the packet material.)

The guardian's name should be printed in the first blank. In the second blank should be the name of the alleged disabled person. The Judge will fill in the amount blank or tell you what to write in that blank. (The amount of bond is usually one and a half to two times the worth of the personal estate.) The guardian needs to sign the oath and bond in front of a notary public.

FORM: NOTICE OF RIGHT TO SEEK MODIFICATION*

Next to the "To" you should write the alleged disabled person's name and address.

The guardian's name should be printed in the first blank that follows, and the type of guardianship awarded by the court should be in the second blank (e.g. plenary or temporary). In third blank you should write the date of the court's order, and then in the fourth blank you need to indicate the gender of the guardian, capitalizing the first letter of he or she.

*This form needs to be given to the judge after he or she enters the order for guardianship or sent immediately to the circuit clerk's office after the court orders a guardianship in a case. The judge will need to sign the form and the circuit clerk will then mail the order to the disabled adult.

FORM: CERTIFICATION

Should be submitted to and filled in by the circuit clerk's office.

IN THE CIRCUIT COURT FOR THE _____ JUDICIAL CIRCUIT

_____ COUNTY, ILLINOIS

In the Matter of the Guardianship of:

) No. ____-P-__

_____,

)

) _____ Application granted

)

Alleged Disabled Person.

) _____ Application denied

MOTION TO FILE GUARDIANSHIP PETITION
WITHOUT PAYMENT OF FEES

The Petitioner, _____, respectfully moves this court for orders allowing to file this action without payment of filing fees or other costs and offers in support of such motion the following statement of facts:

1. The Petitioner, _____, brings this action in good faith and on belief that such guardianship is in the best interest of the respondent,

_____.

2. _____ receives _____ per month from _____

. _____ currently owns _____

_____.

3. Respondent, _____ has no other estate or other sources of income.

WHEREFORE, Petitioner respectfully asks that this court to proceed in this matter in forma pauperis.

Dated this _____ day of _____, 20__.

Respectfully submitted,

Petitioner

VERIFICATION BY CERTIFICATION

I, _____ the undersigned, certify and state that:

1) I am the petitioner in the above-captioned guardianship matter;

2) I have read the foregoing Motion to File Guardianship Petition without Payment of Fees and have knowledge of its contents; and

3) Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, I certify that the statements set forth in the Motion are true and correct except as to matters therein stated to be on information and belief and as to such matters I certify that I believe the same to be true.

Petitioner

IN THE CIRCUIT COURT FOR THE _____ JUDICIAL CIRCUIT
_____ COUNTY, ILLINOIS

In the Matter of the Guardianship of: _____)
)
) No. 0_-P-__
)
Alleged Disabled Person.)

PETITION FOR THE APPOINTMENT OF A GUARDIAN

Petitioner, _____, alleges as follows:

1. Petitioner, _____ is _____.

2. The alleged disabled person, _____, was born _____
and _____ current residence is _____.

3. A _____ guardianship of the _____ of
_____ because _____ has been diagnosed by _____ physician,
_____ as suffering from _____ more fully stated in
the report of said physician, which has left _____ without sufficient understanding
or capacity to make or communicate responsible decisions concerning the care of
_____.

4. A limited guardianship will not provide sufficient protection for
_____.

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. _____ 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 _____ are, in statutory order:

_____	_____
_____	_____
_____	_____
_____	_____

8. _____ has _____ in personal property, with the estimated value of \$_____.

9. The current and anticipated receipts of _____ consist of _____.

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

WHEREFORE, Petitioner, _____, prays that an order be entered adjudicating _____ to be a disabled adult within the meaning of the Probate Act and appointing and naming _____ as _____ guardian of the estate and person of _____.

Dated this ___ day of _____, 20__.

Petitioner

VERIFICATION BY CERTIFICATION

_____, respectfully states that ____ is the Petitioner herein, and that ____ 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 _____ believes that same to be true.

Petitioner

Date _____

RE: _____

Dear Dr. _____:

I understand that you are the physician for _____, and I am asking the court for guardianship for _____. 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: _____

Physicians's Name and Address: _____

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 therefor:

Date of this report: _____

Physician's Signature

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

- 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)

)	Service and Return	\$	_____
)			
SHERIFF'S FEES)	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 of its contents.

Sheriff of _____ County, Illinois

By: _____
Deputy Sheriff

IN THE CIRCUIT COURT FOR THE _____ JUDICIAL CIRCUIT
_____ COUNTY, ILLINOIS

In the Matter of the Guardianship of:

_____,

Alleged Disabled Person.

)
)
) No. ____-P-____
)
)

MOTION FOR APPOINTMENT OF GUARDIAN AD LITEM

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

Petitioner

IN THE CIRCUIT COURT FOR THE _____ JUDICIAL CIRCUIT
_____ COUNTY, ILLINOIS

In the Matter of the Guardianship of: _____)
_____,) 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 _____, the alleged disabled person herein, in the manner specified by the Probate Act.

Entered this _____ day of _____, 20____.

JUDGE

IN THE CIRCUIT COURT FOR THE _____ JUDICIAL CIRCUIT

_____ COUNTY, ILLINOIS

In the Matter of the Guardianship of:

)

_____,

)

No. ___-P-___

)

Alleged Disabled Person.

)

)

NOTICE

To:

NOTICE IS HEREBY GIVEN that _____ has filed the attached
Petition for the Appointment of a Guardian asking that a guardian of the
_____ of _____ be appointed. This Petition
will come on for hearing before the Circuit Court for the _____ Judicial Circuit,
_____ County, on _____, 20__ at _____ a.m./p.m. at
the _____ County Courthouse in _____, 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 attorney, hereby certify that I served a copy of the foregoing
Petition for Appointment of a Guardian upon each of the following persons:

To: _____

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 envelope in the United
States mail in _____, Illinois, with postage fully prepaid thereon, on _____
____, 20____.

IN THE CIRCUIT COURT FOR THE _____ JUDICIAL CIRCUIT

_____ COUNTY, ILLINOIS

In the Matter of the Guardianship of:

)

)

_____,

)

No. ____-P-____

)

Alleged Disabled Person.

)

NOTICE OF FILING

To:

PLEASE TAKE NOTICE that a written Report concerning _____,
required by paragraph 11a-9 of the Probate Act, made by _____
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 attorney, hereby certify that I served a copy of the foregoing Notice of

Filing referred to therein upon each of the following person:

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

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____.

provide sufficient protection for _____

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. _____ currently has no guardian and has no agent under the Illinois Power of Attorney Act.

5. _____ is capable of providing an active and suitable program of guardianship for the _____ of _____ and handling _____ as required by law.

6. The estate of _____ consists of _____.
_____ currently has monthly income of _____
from _____.

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, _____.

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

3. Because of _____ disability, _____ lacks sufficient capacity to make and communicate responsible decisions concerning the care of _____
_____ and because of _____ disability, _____ lacks capacity to manage _____; and that for these reasons it is

necessary to appoint a guardian of the _____ of _____.
A limited guardianship will not provide sufficient protection for _____.

4. _____ 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 _____, a guardian of _____ should be appointed.

6. _____

NOW, THEREFORE, IT IS HEREBY ORDERED AND ADJUDGED:

A. That _____ is a disabled person in need of the appointment of a _____ guardian of _____.

B. That upon the filing of an oath and bond without surety, in the amount of \$ _____, _____ should be, and hereby is, appointed the _____ guardian of the _____ of _____ 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 _____, guardian of the _____ of _____.

D. _____

ENTERED this _____ day of _____, 20____.

JUDGE

IN THE CIRCUIT COURT FOR THE _____ JUDICIAL CIRCUIT
_____ COUNTY, ILLINOIS

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

LETTERS OF OFFICE - GUARDIAN OF THE _____

_____ has been appointed the plenary guardian of the
_____ of _____, 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)

IN THE CIRCUIT COURT FOR THE _____ JUDICIAL CIRCUIT
_____ COUNTY, ILLINOIS

In the Matter of the Guardianship of:

_____,
Alleged Disabled Person.

)
)
) No. ___-P-___
)
)

BOND OF LEGAL REPRESENTATIVE-NO SURETY

I _____, 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 _____.

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

IN THE CIRCUIT COURT FOR THE _____ JUDICIAL CIRCUIT

_____ COUNTY, ILLINOIS

In the Matter of the Guardianship of:

_____)
_____) No. ____-P-____
_____)
Alleged Disabled Person. _____)

BOND OF LEGAL REPRESENTATIVE- SURETY

I, _____, 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 _____.

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

IN THE CIRCUIT COURT FOR THE _____ JUDICIAL CIRCUIT

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