

ESTATE OF

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Respondent.

Case No. _____

**This case is set for an Initial Case Management Conference in Courtroom _____ on _____, 20____, at _____
 a.m. p.m. Failure to appear may result in the case being dismissed.**

PETITION FOR APPOINTMENT OF GUARDIAN FOR AN ADULT WITH DISABILITIES

_____, the Petitioner(s), under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, certifies that the statements set forth in this instrument are true and correct, states:

state(s):

1. The Respondent's name is: _____ ; date of birth is _____ ; and place of residence is _____
(address) (city) (county) (state)

OR The Respondent _____ is a nonresident of the State of Illinois but this Court has jurisdiction because Respondent

Owns real estate in this county: _____
(address) (city) (county) (state)

Owns personal property located in this county as follows: _____

2. The relationship to and interest of the Petitioner to the Respondent is:

3. The reason for this guardianship is that the Respondent is an adult with disabilities due to:

and because of such disability:

Lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the care of the Respondent's person.

Is unable to manage the Respondent's estate or financial affairs.

4. a. The approximate value of estate: Personal \$ _____ Real \$ _____

b. The anticipated gross annual income and other receipts of the Respondent are: \$ _____

5. The names and post office addresses of Respondent's nearest relatives, if any, are (list spouse or civil union partner and adult children; if none, then the Respondent's parents and adult brothers and sisters if none, then nearest kindred):

Name	Relationship	Post Office Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. The names and post office address of the Respondent's agent(s) under a Power of Attorney for Property or a Power of Attorney for Health Care, and previously Court appointed Guardian of Respondent's Estate or Person, if any, are:

Name	Relationship	Post Office Address
_____	_____	_____
_____	_____	_____

7. The name and address of the person with whom, or the facility in which the Respondent is residing is:

8. Petitioner, _____ is age _____ years, whose date of birth is _____

whose address is _____ is qualified and willing to act, requests appointment as guardian of the Respondent's Person Estate Estate and Person.

9. Co-Petitioner, _____ is age _____ years, whose date of birth is _____

whose address is _____ is qualified and willing to act, requests appointment as guardian of the Respondent's Person Estate Estate and Person.

Petitioner(s) ask(s) that:

- a. The Respondent be adjudged an adult with disabilities;
- b. The Petitioner(s) be appointed as Guardian of Respondent's Person Estate Estate and Person.
- c. The guardianship be for the limited purpose of:

Petitioner's Signature

Co-Petitioner's Signature

Petitioner's Printed Name

Co-Petitioner's Printed Name

Dated this _____ day of _____, 20_____.

Prepared by:

Name: _____ SRL

Address: _____

City: _____ State: _____

Phone: _____ Zip Code: _____

ARDC #: _____

E-mail address: _____