

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
CLINTON COUNTY, ILLINOIS

In Re the Guardianship of: _____)
_____)
_____) Case No: _____
_____)
Alleged Disabled Person _____)

PETITION FOR THE APPOINTMENT OF A GUARDIAN

_____, a reputable citizen of Illinois, on oath states:

1. _____, whose place of residence is _____
_____, whose date of birth is _____, is
disabled and incapable of managing his/her _____
(Estate, Person, or Estate and Person) because _____

2. Approximate value of the personal estate \$ _____
Anticipated gross annual income and other receipts \$ _____

3. The names and addresses of his/her nearest relatives are (list spouse and children; if none, parents, brothers and sisters; if none, nearest kindred):

Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Petitioner asks that _____ be adjudged as a disabled person;

Petitioner asks that:

(a) _____,
(Name) (Address)

_____, age _____ years, _____
(City, State, Zip) (Occupation)

qualified and willing to act, be appointed as guardian of the _____
(Estate and or Estate and Person) _____ of the disabled person;

(b) _____, _____
(Name) (Address)

_____, age _____ years, _____
(City, State, Zip) (Occupation)

qualified and willing to act, be appointed as guardian of the person of the disabled person; and

(c) _____ (an or no) authorization to appraise goods and chattels issue to the following,
qualified to act _____

/s/ _____
Petitioner

Subscribed and sworn to before me on:

Date: _____

Notary Public

Prepared by: _____

Address: _____

Telephone: _____

Email: _____

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
CLINTON COUNTY, ILLINOIS

In Re the Guardianship of:

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Case No: _____

Alleged Disabled Person

REPORT ON PETITION FOR THE APPOINTMENT OF A GUARDIAN

The undersigned, on oath state:

1. The nature and type of disability of the Respondent _____
is _____

2. Our evaluations of Respondent's mental, physical, and educational condition, adaptive behavior,
and social skills are: _____

These evaluations are based upon examination of Respondent on _____

3. In our opinion plenary guardianship, both of the person and of the estate of Respondent, is
needed because: _____

4. We recommend, as the most appropriate treatment or habilitation plan and living arrangement
for Respondent: _____

5. Signature(s) of person(s) performing evaluations (one of whom must be a licensed physician):

Physician

Psychologist

Social Worker

Educator

STATE OF ILLINOIS)
)
COUNTY OF CLINTON)

Subscribed and sworn to before me on:

Date: _____

Notary Public

Prepared by: _____

Address: _____

Telephone: _____

Email: _____

Notes: I.R.S. 110 ½

Sec. 11a-1 "Developmental disability" means a disability which is attributable to: (a) mental retardation, cerebral palsy, epilepsy or autism; or to (b) any other condition which results in impairment similar to that caused by mental retardation and which requires services similar to those required by mentally retarded persons. Such disability must originate before the age of 18 years, be expected to continue indefinitely, and constitute a substantial handicap.

Sec. 11a-2 "Disabled person" means a person of 18 years or older who (a) because of mental deterioration or physical incapacity is not FULLY able to manage his person or estate, or (b) is mentally ill or developmentally disabled and who because of his mental illness or developmental disability is not fully able to manage his person or estate, or (c) because of gambling, idleness, debauchery or excessive use of intoxicants or drugs, so spends or waste his estate as to expose himself or his family to want or suffering.

Sec. 11a-9 (a) The petition for appointment of a guardian should be accompanied by a report which contains (1) a description of the nature and type of the respondent's disability; (2) evaluations of the respondents mental, physical and educational condition, adaptive behavior and social skills; (3) an opinion as to whether guardianship is needed, the type and scope of the guardianship needed, and the reasons therefore; (4) a recommendation as to the most appropriate treatment or habilitation plan and living arrangement for the respondent; and the reasons therefore; (5) the signatures of ALL PERSONS who performed the evaluations upon which the report is based, one of whom shall be a licensed physician.

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
CLINTON COUNTY, ILLINOIS

In Re the Guardianship of:

A Disabled Person

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Case No: _____

OATH OF OFFICE

I, _____, on oath state that I will discharge faithfully the
duties of the office of: _____

Date: _____

/s/ _____
Signature

Subscribed and sworn to before me on:

Date: _____

Notary Public

Prepared by: _____

Address: _____

Telephone: _____

Email: _____

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
CLINTON COUNTY, ILLINOIS

In the Interest of:

_____)
)
) Case No: _____
)
_____)
A Disabled Person)

ORDER APPOINTING GUARDIAN AD LITEM

This cause now coming on to be heard upon the petition of _____
_____.

It appears to the Court that it is in the best interest of the disabled adult to appoint a guardian ad litem.

IT IS THEREFORE ORDERED BY THE COURT, that _____
is appointed Guardian Ad Litem for the said disabled adult, _____
to make answer unto said petition, to represent said disabled adult in this proceeding, to be and appear upon the hearing of said petition in this Court, and defend the rights and interests of said disabled adult in said cause. And the said Guardian Ad Litem shall personally interview the respondent prior to the hearing and inform him orally and in writing of the contents of the petition and of his rights under Section 11a-11.

Date: _____
_____ Judge

Prepared by: _____

Address: _____

Telephone: _____

Email: _____

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
CLINTON COUNTY, ILLINOIS

In the Matter of:

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Case No: _____

A Disabled Person

ORDER OF ADJUDICATION OF DISABILITY AND APPOINTING GUARDIAN

On the verified petition of _____, a reputable citizen of this state, for the appointment of a guardian of the _____ (Estate, Person, or Estate and Person) _____, whose place of residence is _____ (for Non-Resident of Illinois, Insert: owning real estate in this country or owning no real estate in Illinois but owning personal estate in this county).

The court finds:

1. summons has been served upon the alleged disabled person at least 14 days before the return day designated therein by leaving a copy thereof with her/him personally and informing him of its contents,
2. no party has demanded a jury,
3. and _____ qualified and willing to act, has presented _____

(Insert: his bond in the penal sum of \$_____ or its acceptance of office).

Having considered the evidence, the court adjudges that _____ is a disabled person as defined in Section 11a-2 of the Probate Act, and that a guardian should be appointed for her/his _____ (Estate, Person or Estate and Person)

It is ordered that _____ is appointed guardian
of the _____ (Estate, Person, Estate and Person) of
_____ a disabled person, that the _____
(acceptance or bond) is approved and that letters of guardianship issue upon filing of the oath.

Entered: _____

Judge

Prepared by: _____

Address: _____

Telephone: _____

Email: _____

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
CLINTON COUNTY, ILLINOIS

In the Matter of:

_____)
)
) Case No: _____
)
)

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 _____

_____.

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

/s/ _____
Signature

Subscribed and sworn to before me on:

Date: _____

Notary Public

Approved: _____

Judge

Prepared by: _____

Address: _____

Telephone: _____

Email: _____

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
CLINTON COUNTY, ILLINOIS

In the Matter of:

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)
)
)
)

Case No: _____

BOND OF LEGAL REPRESENTATIVE – SURETY

We, _____
(Principal)

and _____
(Surety)

and _____
(Surety)

jointly and severally bind ourselves to the People of the State of Illinois that the principal will discharge faithfully the duties of the office of _____

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

I certify that whose name is signed is known to me and appeared before me and acknowledged that he/she signed it voluntarily.

/s/ _____
As Principal

Dated: _____

/s/ _____
As Surety

Notary Public

/s/ _____
As Surety

Approved: _____

Judge

Prepared by: _____

Address: _____

Telephone: _____

Email: _____