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**HOW TO FILE GUARDIANSHIP
FOR DISABLED ADULT IN DU PAGE COUNTY**

1. The legal papers are filed after the person has attained the age of 18 years.
2. The legal papers are filed at the Clerk of the Circuit Court of DuPage County at the DuPage County Court House at 421 N. County Farm Road, Wheaton, IL 60187.
3. Legal forms for Guardianship are available at the Clerk of the Circuit Court of DuPage County's website: www.dupagecounty.org At the Clerk's website, click on "Online Court Forms" and then click at "Case Type" and select "Probate."
4. General Guidance to complete the legal forms:
 - a) "Report of Physician" – The disabled person's Doctor needs to examine the disabled person and the exam must have occurred no earlier than 90 days before the Petition for Guardianship is filed at the Clerk's office. (The Doctor can exam the person before their 18th birthday, but the Report will be outdated, if legal papers are not filed within 90 days thereafter).
 - b) "Petition for Appointment of Guardian Disabled Adult" – This form can be completed by one person seeking appointment as Guardian. If 2 people will be seeking appointment as Co-Guardians, then at paragraph 6 at the third underline, insert the names of the persons who are seeking to be appointed Guardian(s).
 - At paragraph 6, if you are seeking Guardianship of the Person and Estate, then check the box "estate and person." (It makes sense to be appointed Guardian of the Person and Estate, because if you are only appointed Guardian of the Person, than you would not have legal authority to open an ABLE account for your son or daughter).
 - If both parents are not going to be Co-Guardians of their disabled son or daughter, then written notice needs to be given to the other parent of the Guardianship proceedings.

c) "Summons for Appointment of Guardian for Disabled Person" – When you go to the Clerk's office to file the Petition and pay the filing fee, you will need to go to the second floor at the Administrative Office to obtain the Court date and time. (The Clerk can give you directions to the Administrative Office.) After you get the Court date, then return to the Clerk's office and the Clerk will complete the Summons.

d) "Notice of Rights of Respondent" – This form is attached to the Summons.

e) "Affidavit" – Instead of the Sheriff serving the Summons and Petition for Guardianship and Notice of Rights of Respondent, you can have any person over the age of 18 years, who is not a family member, to serve the documents and he or she will need to complete the Affidavit and have their signature notarized. These documents need to be served on the disabled person no less than 14 days prior to the Court date. This completed form should be brought to Court.

f) "Oath of Office" – The 2 page Oath of Office needs to be completed by each proposed guardian separately. The second page contains information which will not be included in the public file.

g) "Bond of Legal Representative - No Surety" – Each proposed Guardian needs to complete this form separately.

h) "Order Appointing Guardian for a Disabled Person" – Complete this form and check the appropriate boxes for the first paragraph 1. After the words "It Is Hereby Ordered that," insert the name(s) of the Guardian(s) on line 1 and check the box "estate and person" if you are seeking appointment for both.

5. Court - On the scheduled court date, all the proposed Guardian(s) and the Disabled Person should appear in Court. If the Disabled Person does not appear in Court, then the Court may appoint a Guardian Ad Litem (an attorney to represent the Disabled Person) and you will be required to pay that attorney fee. If the Disabled Person has been disabled since birth, most Courts do not appoint an attorney to represent the Disabled Person, so long as the Disabled Person appears in Court. Remember to bring all your legal papers to Court.

STATE OF ILLINOIS

UNITED STATES OF AMERICA

COUNTY OF DU PAGE

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

IN RE THE ESTATE OF

CASE NUMBER

ALLEGED DISABLED PERSON

REPORT OF PHYSICIAN

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_____, a physician licensed to practice medicine in all branches in the State of Illinois, submits the following report on _____ an alleged disabled person, based on an examination of the respondent on _____.

NOTE: The examination must have occurred no earlier than three (3) months before the Petition for Guardianship is filed.

1. Describe the nature and type of the respondent's disability and provide an assessment of how the disability impacts on the ability of the respondent to make decisions or to function independently. (Please state underlying diagnosis, as well as manifestations of disability.)

2. Provide an analysis and results of evaluations of the respondent's mental and physical condition and, where appropriate, describe educational conditions, adaptive behavior, and social skills.

3. State whether in your opinion, the respondent is TOTALLY or only PARTIALLY incapable of making PERSONAL and FINANCIAL decisions, and if the latter, the kinds of decisions which the respondent can and cannot make. Include the reasons for this opinion.

4. What, in your opinion, is the most appropriate living arrangement for the respondent, and if applicable, describe the most appropriate treatment or rehabilitation plan. Include the reason(s) for your opinion. Please indicate what restrictions are reasonably necessary to protect the assets and/or ensure the safety of the alleged disabled person.

Print or type physician's name

License Number: _____

Address: _____

Signature

City/State/Zip: _____

Telephone Number: _____

This report must be signed by a physician. If the description of the respondent's mental, physical and educational condition adaptive behavior or social skills is based on evaluations by other professionals, all professionals preparing evaluations must also sign the report. Evaluation on which the report is based must have been performed within three (3) months of the date of the filing of the petition.

5. Provide a statement describing the certification, license or other credentials of the physician preparing this report.

Names and signatures of other person(s) who performed evaluations upon which this report is based:

Name: _____

Address: _____

Certification, licenses or other credentials

Signature _____

Name: _____

Address: _____

Certification, licenses or other credentials

Signature _____

Name: _____ Pro Se

DuPage Attorney Number: N/A

Attorney for: N/A

Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____

STATE OF ILLINOIS UNITED STATES OF AMERICA COUNTY OF DU PAGE
IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

IN RE THE ESTATE OF

CASE NUMBER

PETITION FOR APPOINTMENT OF GUARDIAN DISABLED PERSON

ALLEGED DISABLED PERSON

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..., on oath states:

1. ... whose date of birth is ... and place of residence is ..., * is a disabled person.

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

3. The reason(s) for the guardianship is that the Respondent is a disabled person 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 and is unable to manage the Respondent's estate or financial affairs.

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

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

5. The names and post office addresses of the Respondent's nearest relatives and guardian, if any, are: (list spouse and children; if not, the Respondent's parent(s), brothers and sisters; if none, nearest kindred.)

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

Petitioner asks that ... be adjudged a disabled person and ... that qualified and willing to act, be appointed the guardian of the Respondent's [] estate [] person [] estate and person [] The guardianship shall be for the limited purpose of:

No less restrictive means will reasonably protect the assets and/or ensure the safety of the alleged disabled person.

Name: ... [X] Pro Se

DuPage Attorney Number: N/A

Attorney for: N/A

Address:

City/State/Zip:

Telephone Number:

Email:

Address

City, State, Zip

Date

Circuit Court Clerk / Notary Public

* If alleged disabled person is a nonresident, add "owning real estate in this county" or "owning no real estate in Illinois, but owning personal estate in this county."

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

(b) Is unable to manage the Respondent's estate or financial affairs. (c) Both (a) and (b)

STATE OF ILLINOIS UNITED STATES OF AMERICA COUNTY OF DU PAGE
IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

IN RE THE ESTATE OF

CASE NUMBER

ALLEGED DISABLED PERSON

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SUMMONS FOR APPOINTMENT OF GUARDIAN FOR DISABLED PERSON

TO: _____

YOU ARE SUMMONED AND COMMANDED to appear at a hearing on a petition to adjudge you a disabled person and to have a guardian appointed to make decisions for you regarding yourself or your property or both.

Date & Time of Hearing: _____ M.
Place of Hearing: Courtroom _____ DuPage County Judicial Center
505 North County Farm Road, Wheaton, Illinois
Name of Assigned Judge: Hon. _____ Phone: 630-407-_____

**NOTICE OF RIGHTS OF RESPONDENT
PRINTED ON THE REVERSE SIDE OF THIS SUMMONS
IS INCORPORATED HEREIN AND MADE PART OF THIS SUMMONS**

To the Officer:
This summons must be served on the alleged disabled person personally and not later than 14 days before the date of appearance. The summons must be returned by the officer or other person to whom it was given for service with endorsement of service and fees, if any, not later than 2 days after service. If service cannot be made on the alleged disabled person personally, this summons must be returned so endorsed. **This summons may not be served later than 30 days after the date of issuance by the Clerk.**

Name: _____ PRO SE **WITNESS: CHRIS KACHIROUBAS**, Clerk
of the Eighteenth Judicial Circuit and the seal
thereof at Wheaton, Illinois
DuPage Attorney Number: N/A
Attorney for: N/A
Address: _____ Dated: _____
City/State/Zip: _____
Telephone: _____
Clerk of the Eighteenth Judicial Circuit Court

IF YOU NEED LEGAL ADVICE CONCERNING YOUR LEGAL RESPONSIBILITY AS A RESULT OF THIS SUMMONS BEING SERVED UPON YOU, AND YOU DON'T KNOW A LAWYER, YOU MAY CALL THE DU PAGE BAR ASSOCIATION LAWYER REFERRAL SERVICE AT (630) 653-9109.

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 to this summons.

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 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 those 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 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 you an opinion about your need for a guardian.
- 6) You have the right to ask 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 SOMONE 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.

UNITED STATES OF AMERICA
STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT COUNTY OF DU PAGE

IN RE THE MATTER OF

CASE NUMBER

- DECEDENT
- MINOR
- DISABLED PERSON

File Stamp Here

OATH OF OFFICE

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

- Administrator (Independent or Supervised)
- Guardian of the Person
- Executor (Independent or Supervised)
- Guardian of the Estate
- _____
- Guardian of the Estate and Person
- _____
- Limited Guardian of the Person

FOR MINOR/DISABLED CASES ONLY
 YOU MUST COMPLETE THE INFORMATION REQUESTED ON THE SECOND PAGE OF THIS OATH OF OFFICE. THIS INFORMATION WILL **NOT** BE INCLUDED IN THE PUBLIC FILE

Signature of Party

Name: _____ Pro Se
 DuPage Attorney Number: N/A
 Attorney for: N/A
 Address: _____
 City/State/Zip: _____
 Telephone Number: _____
 Email: _____

Signed and sworn to before me

Date

Circuit Clerk - Notary Public

UNITED STATES OF AMERICA
STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT COUNTY OF DU PAGE

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- Guardian of the Estate
- _____
- Guardian of the Estate and Person
- _____
- Limited Guardian of the Person

THIS INFORMATION IS REQUIRED BY THE COURT

Address _____

City/State/ZIP _____

Telephone _____

Drivers License _____

THIS INFORMATION WILL NOT BE INCLUDED IN THE PUBLIC FILE

Signature of Party

Name: _____ Pro Se

DuPage Attorney Number: N/A

Attorney for: N/A

Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____

Signed and sworn to before me

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STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT COUNTY OF DU PAGE

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 Attorney for: N/A
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Circuit Clerk - Notary Public

UNITED STATES OF AMERICA
STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT COUNTY OF DU PAGE

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Name: _____ Pro Se

DuPage Attorney Number: N/A

Attorney for: N/A

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City/State/Zip: _____

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Signed and sworn to before me

Date

Circuit Clerk - Notary Public

STATE OF ILLINOIS

UNITED STATES OF AMERICA

COUNTY OF DU PAGE

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

IN RE THE ESTATE OF

CASE NUMBER

- DECEDENT
- MINOR
- DISABLED PERSON

File Stamp Here

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 \$ _____

Signature of legal representative

Print full name of legal representative

Address

City, State, Zip

Approved in open court

Date

Judge

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

Name: _____ Pro Se

DuPage Attorney Number: N/A

Attorney for: N/A

Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____

Signed and sworn to before me

Date

Circuit Court Clerk / Notary Public

STATE OF ILLINOIS

UNITED STATES OF AMERICA
IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

COUNTY OF DU PAGE

IN RE THE ESTATE OF

CASE NUMBER

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City, State, Zip

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Date

Judge

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Name: _____ Pro Se

DuPage Attorney Number: N/A

Attorney for: N/A

Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____

Signed and sworn to before me

Date

Circuit Court Clerk / Notary Public

STATE OF ILLINOIS UNITED STATES OF AMERICA COUNTY OF DU PAGE
IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

IN RE THE ESTATE OF

CASE NUMBER

ALLEGED DISABLED PERSON

ORDER APPOINTING
GUARDIAN
FOR A
DISABLED PERSON

File Stamp Here

On the verified petition of _____ for an adjudication of disability and the appointment of a guardian for the estate person estate and person of the above named alleged disabled person, the Court having heard the evidence presented **FINDS:**

- The Respondent is:
 - A disabled person and is totally without understanding or capacity to make or communicate decisions regarding his / her person.
 - A disabled person and it totally unable to manage his / her estate or financial affairs.
 - Is an alleged disabled person and a temporary guardian is necessary for the immediate welfare and protection of the alleged disabled person and his / her estate.
- The factual basis for the finding of the Court is as follows per record.
- No less restrictive means will reasonably protect the assets and / or ensure the safety of the alleged disabled person.

IT HEREBY ORDERED that:

- _____ is appointed temporary plenary guardian of the estate person estate and person of the disabled person.
- The duration and term of the guardianship shall be _____ **until further order of court**
- Letters of guardianship shall issue in accordance with the provisions of this order.
- The Guardian of the Estate Shall file an initial inventory within 60 day or on or before _____
- The annual Report and Accounting shall be presented in room _____ at _____ on _____

A copy of the **Annual Report and Accounting** shall be delivered to the Assigned Judge (30)days prior to the court date.

Name: _____ Pro Se

DuPage Attorney Number: N/A

Attorney for: N/A

Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____

_____ Date

_____ Judge