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**HOW TO FILE GUARDIANSHIP
FOR DISABLED ADULT IN WILL 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 Will County at the River Valley Justice Center at 3208 West McDonough, Joliet, IL. (Closed Noon - 1:00 p.m.)
3. Legal forms for Guardianship are available at the Clerk of the Circuit Court of Will County's website: www.circuitclerkofwillcounty.com At the Clerk's website, click on "Forms" and then click "Probate" and then click on "Guardian for a Disabled Person Packet."
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 (The Doctor can exam the person before their 18th birthday, but the Report will be outdated, if legal papers are not filed within 90 days thereafter).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 for 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 the bottom of page 2 insert both persons names, address, age, relationship to disabled adult and their occupation.
 - At the bottom of page 2, if you are seeking Guardianship of the Person and Estate, then you check box (a) and box (b). (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) “Verified Statement in Support of Petition for Appointment of Guardian for Disabled Adult” – Each Guardian will separately complete this form.

d) “Summons for Appointment of Guardian of Alleged Disabled Adult” – When you go to the Clerk’s office to file the Petition and pay the filing fee, the Clerk will give you the date and time of Hearing which will be inserted on the Summons.

e) “Notice of Rights of Respondent” – Insert the date and time of the Court date after the Clerk gives you the information.

f) “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.

g) “Oath and Bond of Guardian of Disabled Adult - No Surety” – Each proposed Guardian needs to complete this form separately.

h) “Acceptance of Office of Guardian of the Person of a Disabled Adult” – Each proposed Guardian needs to complete this form separately.

i) “Acceptance of Office of Guardian of Estate of Disabled Adult” – Each proposed Guardian needs to complete this form separately.

j) “Order Appointing Plenary Guardian for a Disabled Adult” – Complete this form and check the appropriate boxes for paragraphs 1, 2 and 3 on page 1. On page 1, after “It Is Hereby Ordered That,” insert the name(s) of the Guardian of the Estate on line B and the name(s) of the Guardian of the Person on line C. On line E, check the box “without surety” if the disabled person has less than \$2,000 in his/her name. (If the disabled person has more than \$2,000 in their name, than you can contact Attorney Robert H. Farley, Jr. for further guidance). On page 2 you do not need to complete lines F, G, H, I and J. Complete the bottom of page 2 as to your name, address and phone number.

5. Court - On the scheduled court date, all the proposed Guardians and the Disabled Adult should appear in Court. If the Disabled Adult does not appear in Court, then the Court may appoint a Guardian Ad Litem (an attorney to represent the Disabled Adult) 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 Adult, so long as the Disabled Person appears in Court.

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS - IN PROBATE**

Estate of

CASE NO: _____

REPORT OF PHYSICIAN

_____, a physician licensed to practice medicine in all its
branches in the State of Illinois, submits the following report on _____
alleged disabled person, based on an examination of the respondent on _____, 20 _____.

NOTE: The examination must have occurred no earlier than three months before the petition for
guardianship is filed.

1. Describe the nature and type of the respondent's disability: (Please state underlying diagnosis, as well as manifestations of disability.)
2. Describe the respondent's mental and physical condition and, where appropriate, describe educational condition, 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 response 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 habilitation plan. Include reasons for your opinion.

*Signed: _____

Address: _____

City, State, & Zip: _____

Telephone: _____

(SEE REVERSE SIDE)

* 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 3 months of the date of the filing of the petition.

Names and signatures of other persons who performed evaluations upon which this report is based:

Name _____

Address _____

City, State, & Zip _____

Signature _____

Name _____

Address _____

City, State, & Zip _____

Signature _____

Name _____

Address _____

City, State, & Zip _____

Signature _____

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS - IN PROBATE

IN RE THE ESTATE OF

Name of alleged disabled adult

CASE NO: _____

Respondent, Alleged Disabled Adult

PETITION FOR APPOINTMENT OF GUARDIAN FOR DISABLED ADULT

_____, a reputable citizen of Illinois, on oath states:
Name of person filing petition

1. _____, born on or about _____ and
Name of alleged disabled adult Birth date of alleged disabled adult
whose place of residence is _____, is a disabled
Permanent residence of alleged disabled adult
adult.

2. The relationship and interest of the petitioner to the respondent is _____.
How person filing petition is related (Ex. Son or Daughter)

3. The reason for the guardianship is that the respondent is a disabled adult due to _____,
and because of such disability
Medical reason for guardianship

Mark boxes as appropriate:

- 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.

4. Approximate value of the personal estate.....\$ _____
(Total value of bank accounts, vehicles, insurance policies, etc. owned by the alleged disabled adult)

Approximate value of the real estate.....\$ _____
(Total value of all real estate owned by the alleged disabled adult)

Anticipated gross annual income and other receipts.....\$ _____
(Amount of Social Security, Pension, employment income, etc. of alleged disabled adult)

5. The names, relationships, and post office addresses of the respondent's guardian, if any, agent(s) appointed under the Illinois Power of Attorney Act, if any, and nearest adult relatives are as follows: ("Nearest relatives" means respondent's spouse, adult children, parents, and adult brothers and sisters, or if none, respondent's nearest adult kindred.) **YOU MUST LIST ALL NEAREST RELATIVES.**

| <u>Name</u> | <u>Relationship</u> | <u>Post Office Address</u> |
|-------------|---------------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

| <u>Name</u> | <u>Relationship</u> | <u>Post Office Address</u> |
|-------------|---------------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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

_____ List the current address of the alleged disabled adult (Include the name of the nursing home, if applicable).

7. The criminal history of the proposed guardian is as follows:

Mark box as appropriate:

- Has not been convicted of a felony.
- Has been convicted of a felony/felonies; listed below is the information:

| | |
|---------------------|-------------------------------------|
| _____ | _____ |
| <small>Date</small> | <small>Offense and Sentence</small> |
| _____ | _____ |
| <small>Date</small> | <small>Offense and Sentence</small> |

COMPLETE THE FOLLOWING IF NURSING HOME OR RESIDENTIAL PLACEMENT IS NEEDED

8. That pursuant to 755 ILCS 5/11a-14.1, this court may authorize the guardian to allow residential placement of a ward if the court finds that residential placement is in the best interest of the ward and is necessary to prevent substantial harm to the ward.

9. That residential placement is necessary for the ward for the following reason(s):

_____ List reason(s) why alleged disabled adult requires nursing home or residential placement.

IT IS THEREFORE ASKED THAT:

_____ Name of alleged disabled adult be adjudged a disabled adult and that:

(a) _____, of _____,
Name of guardian Address of guardian
age _____ years, the alleged disabled adult's _____,
Age of guardian Relationship of guardian to alleged disabled adult (Ex. Son or Daughter).
a _____, qualified and willing to act, be appointed plenary guardian of the
Occupation of guardian
respondent's person.

(b) _____, of _____,
Name of guardian Address of guardian
age _____ years, the alleged disabled adult's _____,
Age of guardian Relationship of guardian to alleged disabled adult (Ex. Son or Daughter).
a _____, qualified and willing to act, be appointed plenary guardian of the
Occupation of guardian
respondent's estate.

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

(c) That the plenary guardian of the person be authorized to place the ward in an appropriate residential facility (MARK IF NURSING HOME OR RESIDENTIAL PLACEMENT IS NEEDED).

(Signature of Petitioner)

Address of Petitioner: _____

Signed and sworn to before me

_____, 20 _____

(Notary Public)

Prepared by: _____

Attorney _____ N/A

ARDC # _____ N/A

Firm _____ N/A

Address _____

City & Zip _____

Telephone _____

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS - IN PROBATE**

IN RE THE ESTATE OF

Name of disabled adult

CASE NO: _____

Respondent, A Disabled Adult

**VERIFIED STATEMENT IN SUPPORT OF PETITION FOR APPOINTMENT OF
GUARDIAN FOR DISABLED ADULT**

_____, states as follows:
Name of guardian

1. That I have been named as a proposed guardian for _____
Name of disabled adult

_____, a disabled adult.

2. That my driver's license and State in which it was issued is:

Driver's License Number

State who issued driver's license

3. That my Social Security Number is: _____

4. My employment information is as follows:

Name of Employer: _____

Address of Employment: _____

Phone Number of Employer: _____

5. That the names and contact information for three persons residing in the State of Illinois that I am consistently in contact with and who know how to reach me are:

• Name: _____

Address: _____

Telephone: _____

• Name: _____

Address: _____

Telephone: _____

• Name: _____

Address: _____

Telephone: _____

(Signature of Petitioner)

CERTIFICATION

I affirm under penalty of perjury that I have read the foregoing statement, that I know the contents thereof, and that the same are true and correct to the best of my knowledge and belief.

(Signature of Petitioner)

Person/Attorney Who Prepared Form:

Name: _____

Address: _____

City and Zip: _____

Phone: _____

ARDC #: _____ N/A

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS – IN PROBATE

IN RE THE ESTATE OF

Name of alleged disabled adult

CASE NO: _____

SUMMONS FOR APPOINTMENT OF GUARDIAN OF ALLEGED DISABLED ADULT

To: _____
Name and full current address of alleged disabled adult

You are summoned to appear at a hearing on a petition, a copy of which is attached, asking that a guardian be appointed of your person and/or estate. The day for appearance is _____, _____, 20____,
Day of week Date of hearing
at _____ a.m. in the River Valley Justice Center, 3208 W. McDonough St., Joliet Illinois 60431.
Time

IF YOU DO NOT APPEAR, THE PETITION MAY BE GRANTED

TO THE OFFICER:

This summons must be served on the person personally not later than 14 days before the day for 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 personally, this summons shall be returned so endorsed.

WITNESS _____, 20____

(Seal of Court)

(Clerk of the Circuit Court)

By: _____
Deputy

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

SHERIFF'S FEES

Service and return _____ \$ _____
Miles _____ \$ _____
Total _____ \$ _____
By _____
Deputy

Sheriff of Will County

Name of Person Preparing Summons: _____

Address of Person Preparing Summons: _____

Phone Number of Person Preparing Summons: _____

NOTICE OF RIGHTS OF RESPONDENT

You have been named as a respondent in a temporary guardianship petition asking that you be declared a disabled adult. 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 is _____, 20____ at _____ a.m.

The place where the hearing will occur is River Valley Justice Center, 3208 W. McDonough Street, Joliet, Illinois 60431.

The Judge's name is the Honorable Judge J. Jeffrey Allen and the phone number to the Will County Circuit Clerk's Office at River Valley Justice Center is (815) 730-7156.

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 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 a benefit to you. The hearing will not be postponed or cancelled 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 COURT AND TELL THE JUDGE.

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS**

IN RE: THE ESTATE OF _____)
)
) No. _____
Name of alleged disabled adult)
)
Alleged Disabled Person)

AFFIDAVIT

I, _____, served a Summons for Appointment of Guardian of Alleged Disabled Adult, a Petition for Appointment of Guardian for Disabled Adult, and a Notice of Rights of Respondent on _____, who resides at _____, who personally accepted service.

The description of _____, with whom I left the Summons for Appointment of Guardian of Alleged Disabled Adult, a Petition for Appointment of Guardian for Disabled Adult, and a Notice of Rights of Respondent is as follows:

Sex: _____

Race: _____

Approx. Age _____

The place where and the date when service was completed were as follows:

Place: _____

Date: _____ at _____ .m.

Signed: _____

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

Notary Public

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS - IN PROBATE**

IN RE THE ESTATE OF

Name of disabled adult

CASE NO: _____

A Disabled Adult

OATH AND BOND OF GUARDIAN OF DISABLED ADULT - NO SURETY

I, _____, on oath state that I will faithfully discharge the duties of the
Name of guardian
office of guardian, and I acknowledge that I am bound to the People of the State of Illinois to the faithful discharge
of those duties in an amount equal to double the value from time to time of the personal estate.

(Signature of Guardian)

APPROVED:

Dated: _____, 20 _____

Address of Guardian: _____

Judge: _____

Signed and sworn to before me

_____, 20 _____

(Notary Public)

Person/Attorney Who Prepared Form:

Name _____

Address _____

City and Zip _____

Telephone _____

A.R.D.C. # _____ N/A

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS - IN PROBATE

IN RE THE ESTATE OF

Name of disabled adult

CASE NO: _____

A Disabled Adult

OATH AND BOND OF GUARDIAN OF DISABLED ADULT - NO SURETY

I, _____, on oath state that I will faithfully discharge the duties of the
Name of guardian
office of guardian, and I acknowledge that I am bound to the People of the State of Illinois to the faithful discharge
of those duties in an amount equal to double the value from time to time of the personal estate.

(Signature of Guardian)

APPROVED:

Dated: _____, 20____

Address of Guardian: _____

Judge: _____

Signed and sworn to before me

_____, 20____

(Notary Public)

Person/Attorney Who Prepared Form:

Name _____

Address _____

City and Zip _____

Telephone _____

A.R.D.C. # _____ N/A

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS - IN PROBATE**

IN RE THE ESTATE OF

Name of Disabled Adult

CASE NO: _____

Respondent, A Disabled Adult

ACCEPTANCE OF OFFICE OF GUARDIAN OF THE PERSON OF A DISABLED ADULT

I, _____, hereby accept the office of Guardian of the
Name of guardian

Person of _____
Name of disabled adult

By accepting this office, I understand that I must abide by the duties and responsibilities required by law as set forth in the Illinois Probate Code at 755 ILCS 5/11a-17, which specifically include the following:

Initial each:

_____ I understand that I am under a duty to annually report to this court about the health and welfare of the disabled adult. I acknowledge that I must be in court for my first report on _____, 20____, at _____ a.m. and understand that if I fail to appear this court may, at its discretion; remove me as guardian, sanction me, and/or sentence me to a period in jail for contempt of court.

_____ I understand that I may not force the disabled adult to stay in a nursing home or residential care facility without specific approval by this court.

_____ I understand that I am responsible for the health and welfare of the disabled adult.

_____ I understand that I must report any change of my address and/or the ward's address within fourteen (14) days of my move to this Court.

(Signature of guardian)

Person/Attorney Who Prepared Form:

Name: _____

Address: _____

City and Zip: _____

Phone: _____

ARDC #: _____ N/A

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS - IN PROBATE

IN RE THE ESTATE OF

Name of Disabled Adult

CASE NO: _____

Respondent, A Disabled Adult

ACCEPTANCE OF OFFICE OF GUARDIAN OF THE PERSON OF A DISABLED ADULT

I, _____, hereby accept the office of Guardian of the
Name of guardian

Person of _____
Name of disabled adult

By accepting this office, I understand that I must abide by the duties and responsibilities required by law as set forth in the Illinois Probate Code at 755 ILCS 5/11a-17, which specifically include the following:

Initial each:

_____ I understand that I am under a duty to annually report to this court about the health and welfare of the disabled adult. I acknowledge that I must be in court for my first report on _____, 20____, at _____ a.m. and understand that if I fail to appear this court may, at its discretion; remove me as guardian, sanction me, and/or sentence me to a period in jail for contempt of court.

_____ I understand that I may not force the disabled adult to stay in a nursing home or residential care facility without specific approval by this court.

_____ I understand that I am responsible for the health and welfare of the disabled adult.

_____ I understand that I must report any change of my address and/or the ward's address within fourteen (14) days of my move to this Court.

(Signature of guardian)

Person/Attorney Who Prepared Form:

Name: _____

Address: _____

City and Zip: _____

Phone: _____

ARDC #: _____ N/A

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS - IN PROBATE

IN RETHE ESTATE OF

Name of disabled adult

CASE NO: _____

Respondent, A Disabled Adult

ACCEPTANCE OF OFFICE OF GUARDIAN OF ESTATE OF DISABLED ADULT

I, _____, hereby accept the office of Guardian of the
Name of Guardian

Estate of _____
Name of disabled adult

By accepting this office, I understand that I must abide by the duties and responsibilities required by law and set forth in the Illinois Probate Code at 755 ILCS 5/11a-17, which specifically include the following:

Initial each:

_____ I understand that I am under a duty to annually report to this court about all expenditures and income of the disabled adult. I acknowledge that I must be in court for my first report on _____, 20____, at _____ a.m. and understand that if I fail to appear this court may, at its discretion, remove me as guardian, sanction me, and/or sentence me to a period in jail for contempt of court.

_____ I understand that I may not co-mingle the disabled adult's assets or income with my own, which means that I may not mix any of my own money or assets with those belonging to the disabled adult.

_____ I understand that I may not sell, loan or give away any of the disabled adult's personal property, belongings or real property without specific Order of this Court.

_____ I understand that I must only make expenditures of the disabled adult's money for the benefit of the disabled adult.

_____ I understand that I may not pay or compensate myself for services provided to the disabled adult without specific Order of this Court.

_____ I understand that I may not change beneficiaries on the disabled adult's bank accounts, life insurance policies, retirement accounts, trusts, or Will without specific Order of this Court.

_____ I understand that I am responsible for applying for any government assistance on behalf of the disabled adult, if needed.

(SEE REVERSE SIDE)

_____ I understand that I must apply to the Social Security Administration, Veteran's Administration or any other pensioner to be able to sign and receive the disabled adult's income. I understand that the Social Security Administration, Veteran's Administration or any other pensioner may require additional information and accountings of any monies I may receive for the disabled adult from them.

_____ I understand that I am responsible for the filing of any federal, state or local tax returns required of the disabled adult.

_____ I understand that I must ensure that any surety bonds required in this matter be paid on a timely and regular basis.

_____ I understand that I must appear on behalf of the disabled adult in any legal proceeding regarding the disabled adult, but that I may not initiate a proceeding for dissolution of marriage or enter into a criminal plea agreement on behalf of the disabled adult.

_____ I understand that I must report any change of my address and/or the ward's address to the Court within fourteen (14) days of my move.

(Signature of guardian)

Person/Attorney Who Prepared Form:

Name: _____

Address: _____

City and Zip: _____

Phone: _____

ARDC #: _____ N/A _____

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS - IN PROBATE

IN RETHE ESTATE OF

Name of disabled adult

CASE NO: _____

Respondent, A Disabled Adult

ACCEPTANCE OF OFFICE OF GUARDIAN OF ESTATE OF DISABLED ADULT

I, _____, hereby accept the office of Guardian of the
Name of Guardian

Estate of _____
Name of disabled adult

By accepting this office, I understand that I must abide by the duties and responsibilities required by law and set forth in the Illinois Probate Code at 755 ILCS 5/11a-17, which specifically include the following:

Initial each:

_____ I understand that I am under a duty to annually report to this court about all expenditures and income of the disabled adult. I acknowledge that I must be in court for my first report on _____, 20____, at _____ a.m. and understand that if I fail to appear this court may, at its discretion, remove me as guardian, sanction me, and/or sentence me to a period in jail for contempt of court.

_____ I understand that I may not co-mingle the disabled adult's assets or income with my own, which means that I may not mix any of my own money or assets with those belonging to the disabled adult.

_____ I understand that I may not sell, loan or give away any of the disabled adult's personal property, belongings or real property without specific Order of this Court.

_____ I understand that I must only make expenditures of the disabled adult's money for the benefit of the disabled adult.

_____ I understand that I may not pay or compensate myself for services provided to the disabled adult without specific Order of this Court.

_____ I understand that I may not change beneficiaries on the disabled adult's bank accounts, life insurance policies, retirement accounts, trusts, or Will without specific Order of this Court.

_____ I understand that I am responsible for applying for any government assistance on behalf of the disabled adult, if needed.

(SEE REVERSE SIDE)

_____ I understand that I must apply to the Social Security Administration, Veteran's Administration or any other pensioner to be able to sign and receive the disabled adult's income. I understand that the Social Security Administration, Veteran's Administration or any other pensioner may require additional information and accountings of any monies I may receive for the disabled adult from them.

_____ I understand that I am responsible for the filing of any federal, state or local tax returns required of the disabled adult.

_____ I understand that I must ensure that any surety bonds required in this matter be paid on a timely and regular basis.

_____ I understand that I must appear on behalf of the disabled adult in any legal proceeding regarding the disabled adult, but that I may not initiate a proceeding for dissolution of marriage or enter into a criminal plea agreement on behalf of the disabled adult.

_____ I understand that I must report any change of my address and/or the ward's address to the Court within fourteen (14) days of my move.

(Signature of guardian)

Person/Attorney Who Prepared Form:

Name: _____

Address: _____

City and Zip: _____

Phone: _____

ARDC #: _____ N/A _____

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS – IN PROBATE

IN RE THE ESTATE OF

Name of disabled adult

CASE NO: _____

Respondent, A Disabled Adult

ORDER APPOINTING PLENARY GUARDIAN FOR A DISABLED ADULT

This matter coming before the Court for hearing on the petition for appointment of plenary guardian, due notice having been given and the Court having heard the evidence, having reviewed the file, and being fully advised in the premises the Court finds by clear and convincing evidence:

1. That the respondent is a disabled adult and is
Select boxes:
 a. totally without understanding or capacity to make or communicate decisions regarding his/her person
 b. totally unable to manage his/her financial affairs.

2. Limited guardianship will not provide sufficient protection for the disabled adult's
 person/ estate/ person and estate.
Mark correct box if full guardianship is required

3. The factual basis for the findings of the Court is as follows:

List reason for guardianship (Diagnosis as set forth in Physician Report, for example)

IT IS HEREBY ORDERED THAT:

- A. The disabled adult's presence at the hearing is excused for the reason that the record shows that the disabled adult refused to be present/ will suffer harm if attending.
Mark correct box if disabled adult is not present
- B. _____ is appointed plenary guardian of the
Name of guardian of estate of disabled adult
estate of the disabled adult and is granted all powers under 755 ILCS 5/11a-18 of the Probate Act.
- C. _____ is appointed plenary guardian of the
Name of guardian of person of disabled adult
person of the disabled adult and is granted all powers under 755 ILCS 5/11a-17 of the Probate Act.
- Upon finding that residential placement is appropriate under 755 ILCS 5/11a-14.1, the guardian of the person is granted the specific power of residential placement. (No authority if not checked.)
- D. Letters of plenary guardianship shall issue in accordance with this Order.
- E. The acceptance of office and bond of the plenary guardian is approved:
Select box:
 without surety
 with surety in the amount of \$ _____.

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

F. The court finding that the fees of the Guardian Ad Litem are reasonable and necessary, the guardian ad litem fee is set in the amount of \$ _____, to be paid:

Check one:

- Out of the ward's account
- By petitioner
- Upon specific finding that the ward and petitioner lack sufficient resources to pay the fees of the Guardian Ad Litem, by the County of Will
- Other: _____.

G. The plenary guardian of the estate shall file with the Court:

- i. an inventory as required by section 14-1 within 60 days of this Order.
- ii. a verified account as required by section 24-11 (a) and shall appear before the Court on

_____, 20____ at _____ a.m./p.m.
First Annual/Tri-Annual Accounting date and time set by the Court

H. The plenary guardian of the person shall file a report as required by section 11a-17(b) and shall appear before the Court on

_____, 20____ at _____ a.m./p.m.
First Annual/Tri-Annual Accounting date and time set by the Court

I. The Clerk of the Circuit Court of Will County shall mail to the disabled adult at the residence address set forth in the Petition filed herein a written statement informing the disabled adult of the person's rights under section 11a-20 to petition for termination of adjudication of disability, revocation of letters of plenary guardianship of the estate or person, or both, or modification of the duties of the plenary guardian, and of the procedures for petitioning the Court.

J. The guardian is prohibited from permanently removing the disabled adult from the State of Illinois without the approval of this Court.

Dated: _____, 20____

Enter: _____
Judge

~~Attorney~~ Name _____

ARDC # _____ N/A

Firm Name _____ N/A

Attorney for _____ N/A

Address _____

City and Zip _____

Telephone _____

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY