

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT  
LEE COUNTY, ILLINOIS

In the Matter of

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Respondent.

Case No. \_\_\_\_\_

Hearing on petition is set for \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  a.m.  p.

Lee County Circuit Court 309 S Galena Ave, Dixon, IL. 61021

**PETITION FOR APPOINTMENT OF GUARDIAN FOR AN ADULT WITH DISABILITIES**

\_\_\_\_\_, the Petitioner(s), under penalties of perjury as provided under Section 1-109 of the Code of Civil Procedure, 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: \_\_\_\_\_ Pro Se

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ARDC #: \_\_\_\_\_

E-mail address: \_\_\_\_\_