

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
GRUNDY COUNTY, ILLINOIS

Guardianship of

Alleged Disabled Person.

Case No: _____

PETITION FOR APPOINTMENT OF GUARDIAN FOR DISABLED PERSON

_____, 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 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.

☐ 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 a disabled person;
- 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:

Attorney's Name: _____

Address: _____

City: _____ State: _____

Phone: _____ Zip Code: _____

Fax: _____

ARDC #: _____

Email: _____