

# Joseph H. Vogler

*Public Administrator and Guardian of Lake County*

2911 Grand Avenue  
Waukegan, Illinois 60085  
(847)244-3031 Fax (847)623-5299

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## INFORMATION NEEDED TO COMPLETE A PETITION FOR GUARDIANSHIP

Attorney: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Date: \_\_\_\_\_

Initial call from: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Alleged Disabled Person: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residence at this time: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Monthly Check Amount: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Other Monthly Income: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Personal Property: \_\_\_\_\_

Real Property: \_\_\_\_\_

### Bank Accounts:

Bank Name

Account Numbers

Approximate Balance

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Relatives:

	Name	Relationship	Address	Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

Guardian is needed for: Estate  and / or Person

Petitioner's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_