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Report

**IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL
CIRCUIT, LAKE COUNTY, ILLINOIS, PROBATE DIVISION**

ESTATE OF _____)
)
 Alleged Disabled Person) NO.
)

PETITION FOR TEMPORARY GUARDIAN FOR DISABLED PERSON

_____, on oath states:

1. _____, 20____, a petition was filed herein for the appointment of a guardian of the _____
 (Estate and Person) (Estate) (Person)
 of _____
 an alleged disabled person whose place of residence is _____
 (Address)

 (City) (County) (State)
2. A temporary guardian is necessary for the welfare and protection of the respondent because:

Petition asks that _____
 (Name) (Address)
 _____ years,
 (City and State) (Age)
 _____, qualified and willing to act, be
 (Occupation)
 appointed as temporary guardian of the _____
 (Estate and Person) (Estate) (Person)
 _____ of the alleged disabled person.

Name _____ (Petitioner)
 Attorney for _____ Address _____
 Address _____ City _____
 City _____ Signed and sworn to before me
 Telephone _____, 20 ____
 Atty No _____

 (Clerk of Court) (Notary Public)

IN THE CIRCUIT COURT OF THE
NINETEENTH JUDICIAL CIRCUIT, LAKE COUNTY, ILLINOIS
PROBATE DIVISION

ESTATE OF _____)
)
) NO.
)
Alleged Disabled Person)

ORDER APPOINTING TEMPORARY GUARDIAN FOR DISABLED PERSON

On the verified petition of _____
for appointment of a temporary guardian, the court having found that the appointment is necessary for the
welfare an protection of the alleged disabled person or his estate.

It is ordered that _____
is appointed temporary guardian for the respondent's _____
(Estate and Person) (Estate)
_____ and that letter of temporary guardianship issue.
(Person)

The powers and duties of the temporary guardian are as follows:

The temporary guardianship shall expire on _____, 20 _____
or whenever a guardian is regularly appointed, whichever occurs first.

_____, 20 _____

ENTER:

JUDGE

Name
Attorney for
Address
City & Zip
Telephone

NOTICE TO GUARDIANS OF DISABLED ADULTS

A *GUARDIAN OF THE PERSON* of a disabled adult must file with the court an *ANNUAL REPORT*.

The *ANNUAL REPORT* may be mailed to the probate clerk in the Lake County Circuit Clerk's Office, 18 N. County Street, Waukegan, Illinois, 60085. If the annual report is mailed to the clerk for filing with the court, the guardian does not need to appear in court unless the court sends out a notice to appear.

An *ANNUAL REPORT* must be filed every year. The first Annual Report is due within 14 months after the date the letters of office were issued. In the following years, the Annual Report is due on the same day of the year as the first Annual Report was filed.

A *GUARDIAN OF THE ESTATE* of a disabled adult has the following duties:

- To file a *BOND* approved by the court. Unless excused by the court, every bond must be guaranteed by at least two individual sureties or by a corporate surety company.

If two individuals act as sureties, the amount of the bond must be double the value of the estate. The individual sureties must sign a notarized list of their assets which must be attached to the bond.

If a corporate surety company is used, the amount of the bond is one and one-half times the value of the estate. A corporate surety company will charge the estate an annual premium like a premium on an insurance company. The premium must be paid every year.

Surety on the bond may be excused if the money is invested in United States government obligations or bank accounts and certificates of deposit insured by the United States subject to withdrawal only upon court order. If the money may be withdrawn only upon court order, a receipt of the depository showing that no withdrawals will be allowed without court order must be filed with the clerk of the court. The receipt is called a certificate of depository.

- To file an *INVENTORY* with the court. The inventory should describe the real estate and the improvements and liens on the real estate. The inventory should also state the amount of money on hand and in what form the money is held (i.e. bank accounts, stocks, bonds, notes, etc.) and list all personal property.

The *INVENTORY* must be filed with the court within 60 days after the issuance of the letters of office.

- To file an *ANNUAL ACCOUNT* with the court. The annual account should list all money received by the guardian and all money spent by the guardian on behalf of the disabled adult and the assets remaining on hand at the end of the accounting period. The guardian should be prepared to produce receipts for all expenditures made on behalf of the Disabled Person. A Guardian of the estate must appear in court to get the account approved.

An *ANNUAL ACCOUNT* must be filed every year. The first Annual Account is due within 14 months after the date the letters of office were issued. In the following years, the Annual Account is due on the same day of the year as the first Annual Account was filed.

- To keep detailed records of all financial transactions in the estate accounts. If a guardian cannot explain to the court what he or she has done with the money of a disabled adult, or if the court finds the guardianship funds have been mismanaged or misused, the guardian may be held liable for the money and have to pay it back. The money and property of the Disabled Person should be kept separate and titled in the name of the Guardian of the Estate.
- To invest the assets of the Disabled Person frugally. Assets may be invested in United States government obligations or bank accounts and certificates of deposit insured by the United States. Other investments may need approval of the Probate Court.
- To use the assets and income of the Disabled Person exclusively for the benefit of the Disabled Person. Expenditures should be limited to providing the basics of food, clothing, shelter and health care. Extraordinary expenses should be pre-approved by the Probate Court.
- To obtain the permission of the Probate Court to sell, lease, or mortgage the property of the Disabled Person.

If you do not understand the duties of guardian you should consult an attorney. For information about legal services, you can contact the Lake County Bar Association Lawyer Referral Service at (847) 244-3140.

In order to schedule a court date, the guardian should contact the probate clerk of the Lake County Circuit Clerk's Office at (847) 377-3380.

**IN THE CIRCUIT COURT OF THE NINETEENTH
JUDICIAL CIRCUIT, LAKE COUNTY , ILLINOIS**

Probate Division

Hearing on Petition set for _____,
Lake County Courthouse
Waukegan, Illinois _____ am./pm.
Courtroom _____

ESTATE OF _____)

Alleged Disabled Person _____)

NO.

**PETITION FOR APPOINTMENT OF
GUARDIAN FOR DISABLED PERSON**

Petitioner _____, hereby certifies:

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

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

3. The reasons for the guardianship are that the respondent is a disabled person due to:

and because of such disability: ** _____

4. a. The approximate value of estate: Personal \$ _____ Real \$ _____
b. The anticipated gross annual income and other receipts of the Respondent as \$ _____

5. The names and post-office addresses of the Respondent's guardian and nearest relatives, if any, are:
(list spouse and adult children; if none, the Respondent's parents, and adult brothers and sisters; if
none, nearest kindred):

Name	Relationship	Post Office Address
------	--------------	---------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Petitioner asks that:

a. _____ be adjudged a disabled person;

b. _____
(name) (address)

age _____ years _____ qualified and willing to act; be
(occupation)

appointed as guardian of the Respondent's, _____
(estate) (estate and person)

c. _____
(name) (address)
age _____ years _____ qualified and willing to act; be appointed as
(occupation)
guardian of the person only;

d. The guardianship be for the limited purpose of:

The undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

Petitioner

Address _____

City _____

Name
Attorney for
Address
City & Zip
Telephone
Atty No

* If alleged disabled person is a nonresident add "owning real estate in this county" or "owing 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.

IN THE CIRCUIT COURT OF THE
NINETEENTH JUDICIAL CIRCUIT, LAKE COUNTY, ILLINOIS
PROBATE DIVISION

ESTATE OF _____)
)
) NO.
A Disabled Person)

ORDER APPOINTING PLENARY GUARDIAN FOR A DISABLED PERSON

On the verified petition of _____ for the
adjudication of disability and the appointment of a guardian for the _____ of the
(estate, person, estate and person)
above named disabled person, the Court, having heard the evidence presented, finds:

1. That respondent is a disabled person and is
*(a) totally without understanding or capacity to make or communicate decisions regarding
_____ person:
(his, her)
(b) totally unable to manage _____ estate or financial affairs.
(his, her)

2. That a limited guardianship will not provide sufficient protection.

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

IT IS HEREBY ORDERED as follows:

- A. _____ is appointed plenary guardian of the
_____ of the disabled person.
(estate, person, estate and person)
- B. The duration and term of plenary guardianship shall be _____.
- C. Letters of plenary guardianship shall issue in accordance with the provisions of this order.
- D. The Guardian _____ authorized to make residential placement.
(is, is not)

Dated: _____

ENTER:

JUDGE

Name
Attorney for
Address
City & Zip
Telephone

* Strike (a) or (b) if not applicable.

IN THE CIRCUIT COURT OF THE
NINETEENTH JUDICIAL CIRCUIT, LAKE COUNTY, ILLINOIS

PROBATE DIVISION

ESTATE OF _____)
)
) NO. _____)
 Alleged Disabled Person)

**ORDER APPOINTING GUARDIAN AD LITEM
FOR ALLEGED DISABLED PERSON**

A petition having been filed in the Circuit of the Nineteenth Judicial Circuit, Lake County, alleging that
_____ hereinafter called the respondent, is a disabled person:

IT IS ORDERED THAT: _____
IS APPOINTED GUARDIAN AD LITEM for the respondent and the guardian ad litem shall
personally interview the respondent prior to the hearing, inform him or her orally and in writing of his or
her rights under Section 11a-11 of the Probate Act, file his or her appearance and answer to the petition,
file a written report of his or her interview with the respondent and be present in Court for all motions
and the hearing on the petition in this case.

_____ 20____

ENTER:

JUDGE

Name
Attorney for
Address
City & Zip
Telephone

IN THE CIRCUIT COURT OF THE
NINETEENTH JUDICIAL CIRCUIT, LAKE COUNTY, ILLINOIS

PROBATE DIVISION

ESTATE OF _____)
)
) NO.
)
 Alleged Disabled Person)

STATEMENT OF GUARDIAN AD LITEM TO RESPONDENT

TO: _____

A petition has been filed in the Probate Division of the Circuit Court of the Nineteenth Judicial Circuit, Lake County, Illinois, asking that you be declared a disabled person and that a guardian be appointed for you. A copy of this petition has been, or will be, served upon you and another copy is attached to this statement for your information. I have been appointed by the judge as your guardian ad litem and have been directed to interview you and advise you of your rights in this proceeding.

If a guardian is appointed, the guardian may be given the right to take control of your property and may be given the right to make personal decisions for you, including decisions such as the medical treatment you receive and the place where you live.

You have certain rights in connection with this petition. You have the right to be present at the hearing. You have the right to be represented by a lawyer. You have the right to demand a jury of six persons. You have the right to present evidence and to confront and cross-examine all witnesses. You have the right to ask that the hearing be closed to the public. You have the right to ask the judge to appoint one or more independent experts to examine you.

If you have any further questions before the hearing you may contact me by mail or telephone.

Name _____
Address _____
City _____
Telephone _____

I, the guardian ad litem, certify that on _____, 20 _____, I personally interviewed the respondent and informed him/her orally and in writing of the content of the petition and his/her rights under 755 ILCS 5/11a-11 of the Probate Act, as amended by reading the foregoing State of Guardian Ad Litem to Respondent and the attached Petition to hem/her and by handing him/her a copy of said Statement and Petition.

IN THE CIRCUIT COURT OF THE
NINETEENTH JUDICIAL CIRCUIT, LAKE COUNTY, ILLINOIS
PROBATE DIVISION

ESTATE OF)
)
) NO.
A Disabled Person)

**STATEMENT OF RIGHT TO DISCHARGE GUARDIAN
OR MODIFY GUARDIANSHIP ORDER**

TO: _____

After a hearing in the Circuit Court of the Nineteenth Judicial Circuit, Lake County, Illinois, you have been found to be a disabled person and a guardian has been appointed for you. The limits of the duties and powers of the guardian and the legal disabilities to which you are subject have also been determined by the Court.

At any time hereafter you may petition the Court to discharge your guardian or modify the guardianship order.

You may petition the Court for discharge of the guardian or a modification of the guardianship order by any means, including an informal letter. Any such request may be sent to:

Presiding Judge, Probate Division
Circuit Court of the Nineteenth
Judicial Circuit, Lake County
18 North County Street
Waukegan, Illinois 60085
(847) 377-3380

I gave the ward a copy of this statement _____, 20 ____

The Clerk of the Circuit Court of Lake County is directed to mail a copy of this statement to the above-named disabled person at the residence address set forth in the petition filed herein.

_____, 20 ____

ENTER:

JUDGE

IN THE CIRCUIT COURT OF THE
NINETEENTH JUDICIAL CIRCUIT, LAKE COUNTY, ILLINOIS
PROBATE DIVISION

ESTATE OF _____)
)
) NO.
Alleged Disabled Person)

**SUMMONS FOR APPOINTMENT OF GUARDIAN FOR DISABLED PERSON
AND NOTICE OF RIGHTS**

TO: _____

You are summoned to appear at a hearing on a petition to adjudge you a disabled person and have a guardian appointed to make decisions for you regarding yourself or your property or both. A copy of the petition is attached.

On _____, 2002 at 9:00 a.m a hearing will be held at Room _____ of the Lake County Courthouse, 18 North County Street, Waukegan, Illinois, before the Honorable _____ or any judge sitting in his/her stead, in the courtroom usually occupied by him/her, telephone number 847/377-3380, to determine whether or not a guardian shall be appointed for you.

If the 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 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 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.

NOTICE REGARDING SERVICE:

This summons must be served on the alleged disabled 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, immediately after service and not less than three days before the day for appearance. If service cannot be made on the alleged disabled person personally this summons shall be returned so endorsed.

Witness _____, 20_____

Clerk of Court

By: _____
Deputy Clerk

Date of Service: _____ 20 _____
(To be inserted by officer on copy left with Respondent)

RETURN

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

Name
Attorney for
Address
City & Zip
Telephone

STATE OF ILLINOIS)
) SS
 COUNTY OF L A K E)

IN THE CIRCUIT COURT OF THE NINETEENTH
 JUDICIAL CIRCUIT, LAKE COUNTY, ILLINOIS
 PROBATE DIVISION

ESTATE OF:)
) NO.
 A Disabled Person.)

OATH OF OFFICE

I, _____, on oath state that I will discharge faithfully the duties
 of the office of _____ for the _____ of
 _____, a disabled person.

Address: _____

SUBSCRIBED and SWORN to before me
 this _____ day of _____, 20_____.

 Notary Public

STATE OF ILLINOIS)
) SS
 COUNTY OF LAKE)

IN THE CIRCUIT COURT OF THE NINETEENTH
 JUDICIAL CIRCUIT, LAKE COUNTY, ILLINOIS
 PROBATE DIVISION

ESTATE OF:)
)
) **No.**
)
 A Disabled Person)

REPORT

1. The undersigned, being a physician licensed to practice medicine in all its branches in the State of Illinois, examined _____; hereinafter called the Respondent, on _____, 20_____.

2. The following is a description, based upon my examination, of the Respondent’s disability (please print):

3. The following is my evaluation of the Respondent’s physical and educational condition, adoptive behavior and social skills (please print):

Mental Condition: _____

Physical Condition: _____

Educational Condition: _____

Adaptive Behavior: _____

Social Skills: _____

_____ in self-help skills.

4. Based upon my examination and evaluation of the Respondent it is my opinion that (please check):

Guardianship is not needed

Guardianship is needed, and the type and scope of the guardianship needed and the reasons therefore are as follows (please print):

5. My recommendation as to the most appropriate treatment or habitation plan and living arrangement for the Respondent and the reasons therefore are as follows (please print):

6. The signatures of all persons who performed the evaluation upon which this report is based, one of whom shall be a licensed physician. The evaluations were performed within 3 months of the filing of the petition:

Preparer of Report:

Signature	Profession	Date of evaluation
-----------	------------	--------------------

Name (Please Print)	Address	Phone Number
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Performers of evaluation upon which this report is based:

Name	Profession	Date of evaluation
------	------------	--------------------

Name	Profession	Date of evaluation
------	------------	--------------------