

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.