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**HOW TO FILE GUARDIANSHIP  
FOR DISABLED ADULT IN DUPAGE COUNTY**

1. The legal papers are filed after the person has attained the age of 18 years.
2. The legal papers are now required to be filed electronically. Although a person can register with a certified E-file Service Provider to file documents in Illinois, I suggest that you file the documents electronically at the Clerk of the Circuit Court of DuPage County at the DuPage County Courthouse at 421 N. County Farm Road, Wheaton, IL 60187. The Clerk's Office can assist you in filing your court papers electronically.
3. Legal forms for Guardianship are available at the Clerk of the Circuit Court of DuPage County's website: [www.dupageco.org](http://www.dupageco.org). At the Clerk's website, click on "Online Court Forms" and select "Probate" and then click on "Search" and you will see a lists of 54 forms and you will not need to use all of them at this point in time. The forms you will need are as follows:

3702 – Bond of Legal Representative-No Surety

3704 – Oath of Office

3796 – Petition for Appointment of Guardian for Disabled Person

3797 – Order Appointing Plenary Guardian for a Disabled Person

3798 – Summons for Appointment of Guardian for Disabled Person

3844 – Report of Physician

4. General Guidance to complete the legal forms:

a) “Report of Physician” – The disabled person’s Doctor needs to examine the disabled person and the exam must have occurred no earlier than 90 days before the Petition for Guardianship is filed at the Clerk’s office. (The Doctor can exam the person before their 18<sup>th</sup> birthday, but the Report will be outdated, if legal papers are not filed within 90 days thereafter).

b) “Petition for Appointment of Guardian for Disabled Adult” – This form can be completed by one person seeking appointment as Guardian. If 2 people will be seeking appointment as Co-Guardians, then at paragraph 6 at the third underline, insert the names of the persons who are seeking to be appointed Guardian(s).

– At paragraph 6, if you are seeking Guardianship of the Person and Estate, then you check box “estate and person.” (It makes sense to be appointed Guardian of the Person and Estate, because if you are only appointed Guardian of the Person, than you would not have legal authority to open an ABLE account for your son or daughter).

– If both parents are not going to be Co-Guardians of their disabled son or daughter, then written notice needs to be given to the other parent of the Guardianship proceedings.

c) “Summons for Appointment of Guardian of Alleged Disabled Adult” – When you go to the Clerk’s office to file the Petition and pay the filing fee, you will need to go to the second floor at the Administrative Office to obtain the Court date and time. (The Clerk can give you directions to the Administrative Office.) After you get the Court date, then return to the Clerk’s office and the Clerk will complete the Summons.

d) “Notice of Rights of Respondent” – This form is attached to the Summons.

e) “Affidavit” – Instead of the Sheriff serving the Summons and Petition for Guardianship and Notice of Rights of Respondent, you can have any person over the age of 18 years, who is not a family member, to serve the documents and he or she will need to complete the Affidavit and have their signature notarized. These documents need to be served on the disabled person no less than 14 days prior to the Court date. This completed form should be filed electronically before the Court date. A copy of the “Affidavit” is on the last page of this document.

f) “Oath of Office” – The 2 page Oath of Office needs to be completed by each proposed Guardian separately.

g) “Bond of Legal Representative – No Surety” – Each proposed Guardian needs to complete this form separately.

h) “Order Appointing Plenary Guardian for a Disabled Adult” – Complete this form and on the first Section 1, check the first 2 boxes. After the words “It Is Hereby Ordered

that,” insert the name(s) of the Guardian(s) on line 1 and check the box “plenary guardian of the” and also check the box, “estate and person” if you are seeking appointment for both.

5. Court - On the scheduled court date, all the proposed Guardians and the Disabled Adult should appear in Court. If the Disabled Adult does not appear in Court, then the Court may appoint a Guardian Ad Litem (an attorney to represent the Disabled Adult) and you will be required to pay that attorney fee. If the Disabled Person has been disabled since birth, most Courts do not appoint an attorney to represent the Disabled Adult, so long as the Disabled Person appears in Court. Check with the Clerk’s Office as to whether the Court Hearing will be in Court or via Zoom. If via Zoom, then get instructions from the Clerk as how you can access Zoom for Court.

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT  
DU PAGE COUNTY, WHEATON, ILLINOIS**

IN RE: THE ESTATE OF \_\_\_\_\_ )  
   ) )  
   ) No.  
   ) )  
Alleged Disabled Person \_\_\_\_\_ )

**AFFIDAVIT**

I, \_\_\_\_\_, served a Summons for Appointment of Guardian for Disabled Person, a Petition for Appointment of Guardian for Disabled Person, and a Notice of Rights of Respondent on \_\_\_\_\_, who resides at \_\_\_\_\_, who personally accepted service.

The description of \_\_\_\_\_, with whom I left the Summons for Appointment of Guardian for Disabled Person, a Petition for Appointment of Guardian for Disabled Person, and a Notice of Rights of Respondent is as follows:

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Approx. Age \_\_\_\_\_

The place where and the date when service was completed were as follows:

Place: \_\_\_\_\_

Date: \_\_\_\_\_ at \_\_\_\_\_m.

Signed: \_\_\_\_\_

Subscribed and Sworn to  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

STATE OF ILLINOIS UNITED STATES OF AMERICA COUNTY OF DU PAGE  
IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

IN RE THE ESTATE OF

CASE NUMBER

ALLEGED DISABLED PERSON

REPORT OF PHYSICIAN

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\_\_\_\_\_, a physician licensed to practice medicine in all branches in the State of Illinois, submits the following report on \_\_\_\_\_ an alleged disabled person, based on an examination of the respondent on \_\_\_\_\_.

**NOTE: The examination must have occurred no earlier than three (3) months before the Petition for Guardianship is filed.**

1. Describe the nature and type of the respondent's disability and provide an assessment of how the disability impacts on the ability of the respondent to make decisions or to function independently. (Please state underlying diagnosis, as well as manifestations of disability.)

2. Provide an analysis and results of evaluations of the respondent's mental and physical condition and, where appropriate, describe educational conditions, adaptive behavior, and social skills.

3. State whether in your opinion, the respondent is TOTALLY or only PARTIALLY incapable of making PERSONAL and FINANCIAL decisions, and if the latter, the kinds of decisions which the respondent can and cannot make. Include the reasons for this opinion.

4. What, in your opinion, is the most appropriate living arrangement for the respondent, and if applicable, describe the most appropriate treatment or rehabilitation plan. Include the reason(s) for your opinion. Please indicate what restrictions are reasonably necessary to protect the assets and/or ensure the safety of the alleged disabled person.

Print or type physician's name

License Number:

Address:

City/State/Zip:

Signature

Telephone Number:

**This report must be signed by a physician.** If the description of the respondent's mental, physical and educational condition adaptive behavior or social skills is based on evaluations by other professionals, all professionals preparing evaluations must also sign the report. Evaluation on which the report is based must have been performed within three (3) months of the date of the filing of the petition.

5. Provide a statement describing the certification, license or other credentials of the physician preparing this report.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and signatures of other person(s) who performed evaluations upon which this report is based:

Name: \_\_\_\_\_

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

Certification, licenses or other credentials

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Name: \_\_\_\_\_

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

Certification, licenses or other credentials

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Name: \_\_\_\_\_  Pro Se

DuPage Attorney Number: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

STATE OF ILLINOIS UNITED STATES OF AMERICA COUNTY OF DU PAGE
IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

IN RE THE ESTATE OF

CASE NUMBER

PETITION FOR APPOINTMENT OF GUARDIAN DISABLED PERSON

ALLEGED DISABLED PERSON

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\_\_\_\_\_, on oath states:

1. \_\_\_\_\_ whose date of birth is \_\_\_\_\_ and place of residence is \_\_\_\_\_, \* is a disabled person.

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

3. The reason(s) for the guardianship is that the Respondent is a disabled person due to: \_\_\_\_\_

and because of such disability: \*\* \_\_\_\_\_

4. The approximate value of the estate: Personal: \$ \_\_\_\_\_ Real: \$ \_\_\_\_\_

The anticipated gross annual income and other receipts of the Respondent are: \$ \_\_\_\_\_

5. The names and post office addresses of the Respondent's nearest relatives and guardian, if any, are: (list spouse and children; if not, the Respondent's parent(s), brothers and sisters; if none, nearest kindred.)

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

Petitioner asks that \_\_\_\_\_ be adjudged a disabled person and

\_\_\_\_\_ that

qualified and willing to act, be appointed the guardian of the Respondent's  estate  person  estate and person

The guardianship shall be for the limited purpose of: \_\_\_\_\_

No less restrictive means will reasonably protect the assets and/or ensure the safety of the alleged disabled person.

Name: \_\_\_\_\_  Pro Se

DuPage Attorney Number: \_\_\_\_\_

Printed Name

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

Signature

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

Date

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Circuit Court Clerk / Notary Public

Email: \_\_\_\_\_

\* If alleged disabled person is a nonresident, add "owning real estate in this county" or "owning 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. (c) Both (a) and (b)

STATE OF ILLINOIS UNITED STATES OF AMERICA COUNTY OF DU PAGE
IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

IN RE THE ESTATE OF

CASE NUMBER

ALLEGED DISABLED PERSON

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SUMMONS FOR APPOINTMENT OF GUARDIAN FOR DISABLED PERSON

TO: \_\_\_\_\_

YOU ARE SUMMONED AND COMMANDED to Appear, either in person or remotely, at a hearing on a petition to adjudge you a disabled person and to have a guardian appointed to make decisions for you regarding yourself or your property or both.

Date & Time of Hearing: \_\_\_\_\_ M.
Place of Hearing: Courtroom \_\_\_\_\_ DuPage County Judicial Center 505 North County Farm Road, Wheaton, Illinois
Name of Assigned Judge: Hon. \_\_\_\_\_ Phone: 630-407- \_\_\_\_\_

NOTICE OF RIGHTS OF RESPONDENT
PRINTED ON THE REVERSE SIDE OF THIS SUMMONS

To the Officer: IS INCORPORATED HEREIN AND MADE PART OF THIS SUMMONS
This summons must be served on the alleged disabled person personally and not later than 14 days before the date of 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, not later than 2 days after service.

NOTE: The filing of an appearance or answer with the Circuit Court Clerk requires a statutory filing fee, payable at the time of filing. If you are unable to pay your court fees, you can apply for a fee waiver. For information about defending yourself in a court case (including filing an appearance or fee waiver), or to apply for free legal help, go to www.illinoislegalaid.org. You can also ask your local circuit clerk's office for a free waiver application.

Name: \_\_\_\_\_ Pro Se
DuPage Attorney Number: \_\_\_\_\_
Attorney for: \_\_\_\_\_
Address: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_
Telephone Number: \_\_\_\_\_
Email: \_\_\_\_\_

WITNESS:
CANDICE ADAMS, Clerk of the Eighteenth Judicial Circuit and the seal thereof at Wheaton, Illinois
Dated: \_\_\_\_\_
Clerk of the Eighteenth Judicial Circuit Court

IF YOU NEED LEGAL ADVICE CONCERNING YOUR LEGAL RESPONSIBILITY AS A RESULT OF THIS SUMMONS BEING SERVED UPON YOU, AND YOU DON'T KNOW A LAWYER, YOU MAY CALL THE DU PAGE BAR ASSOCIATION LAWYER REFERRAL SERVICE AT (630) 653-9109.



## NOTICE OF RIGHTS OF RESPONDENT

You have been named as a respondent in a guardianship petition asking that you be declared a disabled person. If the court grants the petition a guardian will be appointed for you. A copy of the guardianship petition is attached to this summons.

If a 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 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 those 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 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 you an opinion about your need for a guardian.
- 6) You have the right to ask 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 THE COURT AND TELL THE JUDGE.**

**STATE OF ILLINOIS** **UNITED STATES OF AMERICA** **COUNTY OF DU PAGE**  
**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT**

IN RE THE ESTATE OF

\_\_\_\_\_  
**CASE NUMBER**

- DECEDENT
- MINOR
- DISABLED PERSON

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**BOND OF LEGAL REPRESENTATIVE - NO SURETY**

I, \_\_\_\_\_  
bind myself to the People of the State of Illinois that I will discharge faithfully the duties of the office of

The obligation of this bond is limited to \$ \_\_\_\_\_

\_\_\_\_\_  
**Signature of legal representative**

\_\_\_\_\_  
**Print full name of legal representative**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

**Approved in open court**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Judge**

I certify that the person whose name is signed above is known to me and appeared before me and acknowledged that he/she signed it voluntarily.

Name: \_\_\_\_\_  Pro Se

DuPage Attorney Number: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signed and sworn to before me

\_\_\_\_\_  
Date

\_\_\_\_\_  
Circuit Court Clerk / Notary Public

UNITED STATES OF AMERICA  
STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT COUNTY OF DU PAGE

IN RE THE MATTER OF

CASE NUMBER

- DECEDENT
- MINOR
- DISABLED PERSON

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**OATH OF OFFICE**

ONLY THIS PAGE (page 1) IS TO BE FILED WITH THE CIRCUIT CLERK

I, \_\_\_\_\_, on oath state that I will faithfully discharge the duties of the Office of:

- Administrator (Independent or Supervised)
- Guardian of the Person
- Executor (Independent or Supervised)
- Guardian of the Estate
- \_\_\_\_\_
- Guardian of the Estate and Person
- \_\_\_\_\_
- Limited Guardian of the Person

**FOR MINOR/DISABLED CASES ONLY**  
 YOU MUST COMPLETE THE INFORMATION REQUESTED ON THE SECOND PAGE OF THIS OATH OF OFFICE. THE INFORMATION ON THE 2nd PAGE WILL **NOT** BE INCLUDED IN THE PUBLIC FILE.

Signature of Party

Name: \_\_\_\_\_  Pro Se  
 DuPage Attorney Number: \_\_\_\_\_  
 Attorney for: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

Signed and sworn to before me

Date

Circuit Clerk - Notary Public

UNITED STATES OF AMERICA  
STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT COUNTY OF DU PAGE

IN RE THE MATTER OF

CASE NUMBER

- DECEDENT
- MINOR
- DISABLED PERSON

File Stamp Here

OATH OF OFFICE

DO NOT FILE THIS PAGE WITH THE CIRCUIT CLERK

I, \_\_\_\_\_, on oath state that I will faithfully discharge the duties of the Office of:

- Administrator (Independent or Supervised)
- Guardian of the Person
- Executor (Independent or Supervised)
- Guardian of the Estate
- \_\_\_\_\_
- Guardian of the Estate and Person
- \_\_\_\_\_
- Limited Guardian of the Person

THIS INFORMATION IS REQUIRED BY THE COURT

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Drivers License \_\_\_\_\_

Signature of Party

THIS INFORMATION WILL NOT BE INCLUDED IN THE PUBLIC FILE.

Name: \_\_\_\_\_  Pro Se

DuPage Attorney Number: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signed and sworn to before me

Date

Circuit Clerk - Notary Public

STATE OF ILLINOIS

UNITED STATES OF AMERICA

COUNTY OF DU PAGE

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

IN RE THE ESTATE OF

CASE NUMBER

ALLEGED DISABLED PERSON

ORDER APPOINTING GUARDIAN FOR A DISABLED PERSON

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On the verified petition of \_\_\_\_\_ for an adjudication of disability and the appointment of a guardian for the \_\_\_\_\_ estate \_\_\_\_\_ person \_\_\_\_\_ estate and person of the above named alleged disabled person, the Court having heard the evidence presented FINDS:

- 1. The Respondent is:
- [ ] A disabled person and is totally without understanding or capacity to make or communicate decisions regarding his / her person.
- [ ] A disabled person and it totally unable to manage his / her estate or financial affairs.
- [ ] Is an alleged disabled person and a temporary guardian is necessary for the immediate welfare and protection of the alleged disabled person and his / her estate.
2. The factual basis for the finding of the Court is as follows per record.
3. No less restrictive means will reasonably protect the assets and / or ensure the safety of the alleged disabled person.

IT HEREBY ORDERED that:

- 1. \_\_\_\_\_ is appointed [ ] temporary [ ] plenary guardian of the [ ] estate [ ] person [ ] estate and person of the disabled person.
2. The duration and term of the guardianship shall be \_\_\_\_\_
3. Letters of guardianship shall issue in accordance with the provisions of this order.
4. The Guardian of the Estate Shall file an initial inventory within 60 day or on or before \_\_\_\_\_
5. The annual Report and Accounting shall be presented in room \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_

A copy of the Annual Report and Accounting shall be delivered to the Assigned Judge (30) days prior to the court date.

Name: \_\_\_\_\_ [ ] Pro Se

DuPage Attorney Number: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Judge