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**HOW TO FILE GUARDIANSHIP  
FOR DISABLED ADULT IN WILL 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 Will County at the River Valley Justice Center at 3208 West McDonough, Joliet, IL. (Closed Noon - 1:00 p.m.) 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 Will County's website: [www.circuitclerkofwillcounty.com](http://www.circuitclerkofwillcounty.com) At the Clerk's website, click on "Forms" and then click "Probate" and then click on "Guardian for a Disabled Person Packet" and you will see a lists of 14 forms and you will not need to use all of them at this point in time. The forms you will need are as follows:

Notice of Hearing - 18 E (Part 7)

Petition for Appointment of Guardian for Disabled Person - 29F

Summons for Appointment of Guardians of Person with an Alleged Disability - 39D

Order Appointing Plenary Guardian for a Disabled Person - 40B

Report of Physician - 40D

Acceptance of Office of Guardian of Person -127

Acceptance of Office of Guardian of Estate -128

Oath and Bond - 132 No Surety

Verified Statement in Support - 135

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 birthday, but the Report will be outdated, if legal papers are not filed within 90 days thereafter).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 the bottom of page 2 insert both persons names, address, age, relationship to disabled adult and their occupation.

– At the bottom of page 2, if you are seeking Guardianship of the Person and Estate, then you check box (a) and box (b). (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) “Verified Statement in Support of Petition for Appointment of Guardian for Disabled Adult” – Each Guardian will separately complete this form.

d) “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, the Clerk will give you the date and time of Hearing which will be inserted on the Summons.

e) “Notice of Rights of Respondent” – Insert the date and time of the Court date after the Clerk gives you the information.

f) “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.

g) “Notice of Hearing” – must be mailed at least 14 days before Hearing Date.

h) “Oath and Bond of Guardian of Disabled Adult - No Surety” – Each proposed Guardian needs to complete this form separately.

i) “Acceptance of Office of Guardian of the Person of a Disabled Adult” – Each proposed Guardian needs to complete this form separately.

j) "Acceptance of Office of Guardian of Estate of Disabled Adult" – Each proposed Guardian needs to complete this form separately.

k) "Order Appointing Plenary Guardian for a Disabled Adult" – Complete this form and check the appropriate boxes for paragraphs 1, 2 and 3 on page 1. On page 1, after "It Is Hereby Ordered That," insert the name(s) of the Guardian of the Estate on line B and the name(s) of the Guardian of the Person on line C. On line E, check the box "without surety" if the disabled person has less than \$2,000 in his/her name. (If the disabled person has more than \$2,000 in their name, than you can contact Attorney Robert H. Farley, Jr. for further guidance). On page 2 you do not need to complete lines F, G, H, I and J. Complete the bottom of page 2 as to your name, address and phone number.

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 TWELFTH JUDICIAL CIRCUIT  
WILL COUNTY, ILLINOIS**

IN RE: THE ESTATE OF \_\_\_\_\_ )  
 )  
 ) No.  
Name of alleged disabled adult )  
 )  
 )  
Alleged Disabled Person )

**AFFIDAVIT**

I, \_\_\_\_\_, served a Summons for Appointment of Guardian of Alleged Disabled Adult, a Petition for Appointment of Guardian for Disabled Adult, 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 of Alleged Disabled Adult, a Petition for Appointment of Guardian for Disabled Adult, 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

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT  
WILL COUNTY, ILLINOIS - IN PROBATE**

**IN RE THE ESTATE OF**

\_\_\_\_\_  
Name of alleged disabled adult

**CASE NO:** \_\_\_\_\_

**Alleged Disabled Adult**

**NOTICE OF HEARING  
MUST BE MAILED AT LEAST 14 DAYS BEFORE HEARING DATE**

THIS NOTICE MAILED TO:

(List Names and addresses of all relatives listed in number five (5) of Petition for Guardianship of Disabled Adult)

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

YOU ARE HEREBY NOTIFIED that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
at \_\_\_\_\_ a.m., or as soon thereafter as counsel may be heard I shall appear before the Honorable Judge  
Time Day Month Year  
\_\_\_\_\_ in Courtroom No. 2, or any other Judge as may be holding court in  
his absence, in the courtroom usually occupied by him in the River Valley Justice Center, 3208 W. McDonough  
Street, Joliet, Illinois and then and there a hearing will be heard on PETITION FOR GUARDIANSHIP OF A  
DISABLED ADULT, at which time and place you may appear if you so desire.

\_\_\_\_\_  
(Signature of Person Filing Petition for Guardianship)

**Proof of Service by Mail  
MUST BE MAILED AT LEAST 14 DAYS BEFORE HEARING DATE**

On \_\_\_\_\_, 20\_\_\_\_, I the undersigned, on oath do certify, and state that I served this  
Date Year  
notice by mailing a copy of the Petition for Guardianship of a Disabled Adult and this Notice to each person  
whose address is printed above by depositing the same in the U.S. Mail at \_\_\_\_\_,  
City mailed from State  
with proper postage prepaid.

\_\_\_\_\_  
(Signature of person who mailed copies)

**ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY**

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT  
WILL COUNTY, ILLINOIS - IN PROBATE**

Estate of

\_\_\_\_\_

CASE NO: \_\_\_\_\_

**REPORT OF PHYSICIAN**

\_\_\_\_\_, a physician licensed to practice medicine in all its  
branches in the State of Illinois, submits the following report on \_\_\_\_\_  
alleged disabled person, based on an examination of the respondent on \_\_\_\_\_, 20 \_\_\_\_\_.

NOTE: The examination must have occurred no earlier than three months before the petition for  
guardianship is filed.

1. Describe the nature and type of the respondent's disability: (Please state underlying diagnosis, as well as manifestations of disability.)
2. Describe the respondent's mental and physical condition and, where appropriate, describe educational condition, 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 response 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 habilitation plan. Include reasons for your opinion.

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

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

City, State, & Zip: \_\_\_\_\_

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

**(SEE REVERSE SIDE)**

\* 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 3 months of the date of the filing of the petition.

Names and signatures of other persons who performed evaluations upon which this report is based:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Signature \_\_\_\_\_

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT  
WILL COUNTY, ILLINOIS - IN PROBATE

IN RE THE ESTATE OF

CASE NO: \_\_\_\_\_

\_\_\_\_\_  
Name of alleged disabled adult (First, Middle Initial, Last)

**Respondent, Alleged Disabled Adult**

**PETITION FOR APPOINTMENT OF GUARDIAN FOR DISABLED ADULT**

\_\_\_\_\_, a reputable citizen of Illinois, on oath states:  
Name of person filing petition

Male

1. \_\_\_\_\_,  Female, born on or about \_\_\_\_\_  
Name of alleged disabled adult (First, Middle Initial, Last) Birth date of alleged disabled adult

and whose place of residence is \_\_\_\_\_, is a  
Permanent residence of alleged disabled adult  
disabled adult.

2. The relationship and interest of the petitioner to the respondent is \_\_\_\_\_  
How person filing petition is related (Ex: Son or Daughter)

3. The reason for the guardianship is that the respondent is a disabled adult due to \_\_\_\_\_

\_\_\_\_\_, and because of such disability  
Medical reason for guardianship

Mark boxes as appropriate.

- 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.

4. Approximate value of the personal estate.....\$ \_\_\_\_\_  
(Total value of bank accounts, vehicles, insurance policies, etc. owned by the alleged disabled adult)

Approximate value of the real estate.....\$ \_\_\_\_\_  
(Total value of all real estate owned by the alleged disabled adult)

Anticipated gross annual income and other receipts.....\$ \_\_\_\_\_  
(Amount of Social Security, Pension, employment income, etc. of alleged disabled adult)

5. The names, relationships, and post office addresses of the respondent's guardian, if any, agent(s) appointed under the Illinois Power of Attorney Act, if any, and nearest adult relatives are as follows: ("Nearest relatives" means respondent's spouse, adult children, parents, and adult brothers and sisters, or if none, respondent's nearest adult kindred.) **YOU MUST LIST ALL NEAREST RELATIVES.**

<u>Name</u>	<u>Relationship</u>	<u>Post Office Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY**

<u>Name</u>	<u>Relationship</u>	<u>Post Office Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

List the current address of the alleged disabled adult (Include the name of the nursing home, if applicable).

7. The criminal history of the proposed guardian is as follows:

Mark box as appropriate:

- Has not been convicted of a felony.
- Has been convicted of a felony/felonies; listed below is the information:

<small>Date</small> _____	<small>Offense and Sentence</small> _____
<small>Date</small> _____	<small>Offense and Sentence</small> _____

**COMPLETE THE FOLLOWING IF NURSING HOME OR RESIDENTIAL PLACEMENT IS NEEDED**

8. That pursuant to 755 ILCS 5/11a-14.1, this court may authorize the guardian to allow residential placement of a ward if the court finds that residential placement is in the best interest of the ward and is necessary to prevent substantial harm to the ward.

9. That residential placement is necessary for the ward for the following reason(s):

List reason(s) why alleged disabled adult requires nursing home or residential placement

**IT IS THEREFORE ASKED THAT:**

\_\_\_\_\_ be adjudged a disabled adult and that:

Name of alleged disabled adult

(a) \_\_\_\_\_, of \_\_\_\_\_,  
Name of guardian Address of guardian  
 age \_\_\_\_\_ years, the alleged disabled adult's \_\_\_\_\_,  
Age of guardian Relationship of guardian to alleged disabled adult (Ex. Son or Daughter).  
 a \_\_\_\_\_, qualified and willing to act, be appointed plenary guardian of the  
Occupation of guardian  
 respondent's person.

(b) \_\_\_\_\_, of \_\_\_\_\_,  
Name of guardian Address of guardian  
 age \_\_\_\_\_ years, the alleged disabled adult's \_\_\_\_\_,  
Age of guardian Relationship of guardian to alleged disabled adult (Ex. Son or Daughter).  
 a \_\_\_\_\_, qualified and willing to act, be appointed plenary guardian of the  
Occupation of guardian  
 respondent's estate.

**ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY**

- (c) That the plenary guardian of the person be authorized to place the ward in an appropriate residential facility (MARK IF NURSING HOME OR RESIDENTIAL PLACEMENT IS NEEDED).

\_\_\_\_\_  
(Signature of Petitioner)

Address of Petitioner: \_\_\_\_\_

\_\_\_\_\_

Signed and sworn to before me

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

Prepared by: \_\_\_\_\_

Attorney \_\_\_\_\_

ARDC # \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City & Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY**

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT  
WILL COUNTY, ILLINOIS - IN PROBATE

IN RE THE ESTATE OF

\_\_\_\_\_  
Name of disabled adult

CASE NO: \_\_\_\_\_

**Respondent, A Disabled Adult**

**VERIFIED STATEMENT IN SUPPORT OF PETITION FOR APPOINTMENT OF  
GUARDIAN FOR DISABLED ADULT**

\_\_\_\_\_, states as follows:  
Name of guardian

1. That I have been named as a proposed guardian for \_\_\_\_\_  
Name of disabled adult

\_\_\_\_\_, a disabled adult.

2. That my driver's license and State in which it was issued is:

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State who issued driver's license

3. That my Social Security Number is: \_\_\_\_\_

4. My employment information is as follows:

Name of Employer: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Phone Number of Employer: \_\_\_\_\_

5. That the names and contact information for three persons residing in the State of Illinois that I am consistently in contact with and who know how to reach me are:

• Name: \_\_\_\_\_

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

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

• Name: \_\_\_\_\_

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

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

• Name: \_\_\_\_\_

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

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

\_\_\_\_\_  
(Signature of Petitioner)

**CERTIFICATION**

I affirm under penalty of perjury that I have read the foregoing statement, that I know the contents thereof, and that the same are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Petitioner)

Person/Attorney Who Prepared Form:

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

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

City and Zip: \_\_\_\_\_

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

ARDC #: \_\_\_\_\_

**ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY**

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT  
WILL COUNTY, ILLINOIS

**IN THE MATTER OF THE ESTATE OF**

**Plaintiff**

vs

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
Respondent/ Defendant (Name of alleged person with a disability)

**SUMMONS FOR APPOINTMENT OF GUARDIANS OF PERSON WITH AN ALLEGED  
DISABILITY**

To each respondent/defendant: \_\_\_\_\_

(Name and address of the alleged person with a disability)

You are hereby summoned and required to appear before this court at the River Valley Justice Center,  
3208 W. McDonough Street, Joliet, Illinois at \_\_\_\_\_ o'clock, a.m. in Courtroom \_\_\_\_\_ on  
\_\_\_\_\_, 20 \_\_\_\_\_, to answer the complaint in this case, a copy of which is hereto  
attached.

**IF YOU FAIL TO DO SO, AN ORDER MAY BE ENTERED GRANTING THE PETITION.**

E-filing is now mandatory for documents in civil cases with limited exemptions. To e-file, you must first  
create an account with an e-filing service provider. Visit <http://efile.illinoiscourts.gov/service-providers.htm>  
to learn more and to select a service provider. If you need additional help or have trouble e-filing, visit  
<http://www.illinoiscourts.gov/FAQ/gethelp.asp>, or talk with your local circuit clerk's office.

Please contact the Will County Circuit Clerk's Office, 14 W. Jefferson Street, Room 212, Joliet, IL 60432  
by telephone (815)727-8592 or visit our website [www.circuitclerkofwillcounty.com](http://www.circuitclerkofwillcounty.com) for more information.

To the Officer:

This summons must be returned by the officer or other person to whom it was given for service, with  
indorsement of service and fees, if any, immediately after service. If service cannot be made, this summons  
shall be returned so indorsed.

This summons may not be served later than three (3) days before the date of appearance. This summons may  
not be served later than thirty (30) days after its date.

WITNESS \_\_\_\_\_, 20 \_\_\_\_\_

(Seal of Court)

**ANDREA LYNN CHASTEEN**

(Clerk of the Circuit Court)

Attorney or Party, if not represented by an attorney

Name \_\_\_\_\_

ARDC # \_\_\_\_\_

Firm Name \_\_\_\_\_

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

Address \_\_\_\_\_

City & Zip \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_, 20 \_\_\_\_\_  
(To be inserted by officer on the copy  
left with the defendant or other person)

**ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY**

## NOTICE OF RIGHTS OF RESPONDENT

You have been named as a respondent in a temporary guardianship petition asking that you be declared a person with a disability. If the court grants the petition, a guardian will be appointed for you. A copy of the guardianship petition is attached for your convenience.

The date and time of the hearing is \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ a.m.

The place where the hearing will occur is River Valley Justice Center, 3208 W. McDonough Street, Joliet, Illinois 60431.

The Judge's name is the Honorable Judge J. Jeffrey Allen and the phone number to the Will County Circuit Clerk's Office at River Valley Justice Center is (815) 730-7156.

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 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 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 a benefit to you. The hearing will not be postponed or cancelled if you do not attend. If you are unable to attend the hearing in person or you will suffer harm if you attend the Judge can decide to hold the hearing at a place that is convenient. The Judge can also follow the rule of the Supreme Court of this State, or its local equivalent, and decide if a video conference is appropriate.

**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.**

**ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY**

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT  
WILL COUNTY, ILLINOIS - IN PROBATE

IN RE THE ESTATE OF

\_\_\_\_\_  
Name of disabled adult

CASE NO: \_\_\_\_\_

A Disabled Adult

OATH AND BOND OF GUARDIAN OF DISABLED ADULT - NO SURETY

I, \_\_\_\_\_, on oath state that I will faithfully discharge the duties of the  
Name of guardian  
office of guardian, and I acknowledge that I am bound to the People of the State of Illinois to the faithful discharge  
of those duties in an amount equal to double the value from time to time of the personal estate.

\_\_\_\_\_  
(Signature of Guardian)

APPROVED:

Dated: \_\_\_\_\_, 20 \_\_\_\_\_

Address of Guardian: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Judge: \_\_\_\_\_

Signed and sworn to before me

\_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

Person/Attorney Who Prepared Form:

Name \_\_\_\_\_

Address \_\_\_\_\_

City and Zip \_\_\_\_\_

Telephone \_\_\_\_\_

A.R.D.C. # \_\_\_\_\_

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT  
WILL COUNTY, ILLINOIS - IN PROBATE

IN RETHE ESTATE OF

Name of disabled adult

CASE NO: \_\_\_\_\_

Respondent, A Disabled Adult

ACCEPTANCE OF OFFICE OF GUARDIAN OF ESTATE OF DISABLED ADULT

I, \_\_\_\_\_, hereby accept the office of Guardian of the  
Estate of \_\_\_\_\_.  
Name of Guardian  
Name of disabled adult

By accepting this office, I understand that I must abide by the duties and responsibilities required by law and set forth in the Illinois Probate Code at 755 ILCS 5/11a-17, which specifically include the following:

Initial each:

\_\_\_\_\_ I understand that I am under a duty to annually report to this court about all expenditures and income of the disabled adult. I acknowledge that I must be in court for my first report on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m. and understand that if I fail to appear this court may, at its discretion, remove me as guardian, sanction me, and/or sentence me to a period in jail for contempt of court.

\_\_\_\_\_ I understand that I may not co-mingle the disabled adult's assets or income with my own, which means that I may not mix any of my own money or assets with those belonging to the disabled adult.

\_\_\_\_\_ I understand that I may not sell, loan or give away any of the disabled adult's personal property, belongings or real property without specific Order of this Court.

\_\_\_\_\_ I understand that I must only make expenditures of the disabled adult's money for the benefit of the disabled adult.

\_\_\_\_\_ I understand that I may not pay or compensate myself for services provided to the disabled adult without specific Order of this Court.

\_\_\_\_\_ I understand that I may not change beneficiaries on the disabled adult's bank accounts, life insurance policies, retirement accounts, trusts, or Will without specific Order of this Court.

\_\_\_\_\_ I understand that I am responsible for applying for any government assistance on behalf of the disabled adult, if needed.

(SEE REVERSE SIDE)

\_\_\_\_\_ I understand that I must apply to the Social Security Administration, Veteran's Administration or any other pensioner to be able to sign and receive the disabled adult's income. I understand that the Social Security Administration, Veteran's Administration or any other pensioner may require additional information and accountings of any monies I may receive for the disabled adult from them.

\_\_\_\_\_ I understand that I am responsible for the filing of any federal, state or local tax returns required of the disabled adult.

\_\_\_\_\_ I understand that I must ensure that any surety bonds required in this matter be paid on a timely and regular basis.

\_\_\_\_\_ I understand that I must appear on behalf of the disabled adult in any legal proceeding regarding the disabled adult, but that I may not initiate a proceeding for dissolution of marriage or enter into a criminal plea agreement on behalf of the disabled adult.

\_\_\_\_\_ I understand that I must report any change of my address and/or the ward's address to the Court within fourteen (14) days of my move.

\_\_\_\_\_  
(Signature of guardian)

Person/Attorney Who Prepared Form:

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

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

City and Zip: \_\_\_\_\_

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

ARDC #: \_\_\_\_\_

**ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY**

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT  
WILL COUNTY, ILLINOIS – IN PROBATE

IN RE THE ESTATE OF

\_\_\_\_\_  
Name of disabled adult

CASE NO: \_\_\_\_\_

**Respondent, A Disabled Adult**

**ORDER APPOINTING PLENARY GUARDIAN FOR A DISABLED ADULT**

This matter coming before the Court for hearing on the petition for appointment of plenary guardian, due notice having been given and the Court having heard the evidence, having reviewed the file, and being fully advised in the premises the Court finds by clear and convincing evidence:

1. That the respondent is a disabled adult and is  
Select boxes:  
 a. totally without understanding or capacity to make or communicate decisions regarding his/her person  
 b. totally unable to manage his/her financial affairs.
2. Limited guardianship will not provide sufficient protection for the disabled adult's  
 person/  estate/  person and estate.  
Mark correct box if full guardianship is required
3. The factual basis for the findings of the Court is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
List reason for guardianship (Diagnosis as set forth in Physician Report, for example)

**IT IS HEREBY ORDERED THAT:**

- A. The disabled adult's presence at the hearing is excused for the reason that the record shows that the disabled adult  refused to be present/  will suffer harm if attending.  
Mark correct box if disabled adult is not present
- B. \_\_\_\_\_ is appointed plenary guardian of the  
Name of guardian of estate of disabled adult  
estate of the disabled adult and is granted all powers under 755 ILCS 5/11a-18 of the Probate Act.
- C. \_\_\_\_\_ is appointed plenary guardian of the  
Name of guardian of person of disabled adult  
person of the disabled adult and is granted all powers under 755 ILCS 5/11a-17 of the Probate Act.  
 Upon finding that residential placement is appropriate under 755 ILCS 5/11a-14.1, the guardian of the person is granted the specific power of residential placement. **(No authority if not checked.)**
- D. Letters of plenary guardianship shall issue in accordance with this Order.
- E. The acceptance of office and bond of the plenary guardian is approved:  
Select box:  
 without surety  
 with surety in the amount of \$\_\_\_\_\_.

**ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY**

F. The court finding that the fees of the Guardian Ad Litem are reasonable and necessary, the guardian ad litem fee is set in the amount of \$ \_\_\_\_\_, to be paid:

Check one:

- Out of the ward's account
- By petitioner
- Upon specific finding that the ward and petitioner lack sufficient resources to pay the fees of the Guardian Ad Litem, by the County of Will
- Other: \_\_\_\_\_

G. The plenary guardian of the estate shall file with the Court:

- i. an inventory as required by section 14-1 within 60 days of this Order.
- ii. a verified account as required by section 24-11 (a) and shall appear before the Court on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

First Annual/Tri-Annual Accounting date and time set by the Court

H. The plenary guardian of the person shall file a report as required by section 11a-17(b) and shall appear before the Court on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

First Annual/Tri-Annual Accounting date and time set by the Court

I. The Clerk of the Circuit Court of Will County shall mail to the disabled adult at the residence address set forth in the Petition filed herein a written statement informing the disabled adult of the person's rights under section 11a-20 to petition for termination of adjudication of disability, revocation of letters of plenary guardianship of the estate or person, or both, or modification of the duties of the plenary guardian, and of the procedures for petitioning the Court.

J. The guardian is prohibited from permanently removing the disabled adult from the State of Illinois without the approval of this Court.

K. Pursuant to 755 ILCS 5/11a-12(e), the Guardian shall complete the Guardianship training program offered by the Illinois Guardianship and Advocacy Commission found at <https://onenet.illinois.gov/guardianship> and shall file a Certificate of Completion with the Clerk of the Circuit Court on or before \_\_\_\_\_, 20\_\_\_\_.

Dated: \_\_\_\_\_, 20\_\_\_\_

Enter: \_\_\_\_\_  
Judge

Attorney Name \_\_\_\_\_

ARDC # \_\_\_\_\_

Firm Name \_\_\_\_\_

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

Address \_\_\_\_\_

City and Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY**