

**IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT
KANE COUNTY, ILLINOIS**

Case No. _____

IN THE MATTER OF THE ESTATE OF (Alleged Disabled Person):

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____

File Stamp

PETITION FOR APPOINTMENT OF GUARDIAN FOR DISABLED PERSON

The petitioner, _____, whose relationship to and interest in the respondent is _____ certifies:

The above named, whose residence and date of birth is set forth herein, is a disabled person due to _____ and because of such disability, respondent lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the care of respondent's person, and/or is unable to manage his/her estate or financial affairs, and owns real estate and/or personal property in Kane County, Illinois, with the approximate value of each being as follows:

Personal: _____ Real: _____

and the anticipated gross annual income and other receipts of respondents are: _____

The respondent's nearest relatives, and guardian, if any, or the respondent's agent(s) appointed under the Illinois Power of Attorney Act (if any) are (list spouse and adult children, parents and adult brother(s)/sisters(s), if any; if none, nearest adult kindred known to the petitioner): (Name/Relationship, Post Office Address, City, State and Zip)

1. _____
2. _____
3. _____

The name/address of the residence of facility in which the respondent is residing: _____

The petitioner asks that said respondent be adjudged a disabled person and that _____, who is 18 years of age or older, and whose occupation is _____, who is qualified to act, be appointed Temporary Limited guardian for the purpose of _____
 Plenary guardian of the Person Estate Person and Estate for and on behalf of _____ said respondent.

Complete the following if more than one guardian is requested:

The petitioner asks that said respondent be adjudged a disabled person and that _____, who is 18 years of age or older, and whose occupation is _____, who is qualified to act, be appointed Temporary Limited guardian for the purpose of _____
 Plenary guardian of the Person Estate Person and Estate for and on behalf of _____ said respondent.

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Under penalties as provided by law pursuant to 735 ILCS 5/1-109, the undersigned certifies that the statements set forth in this petition are true and correct, except as to matters stated to be on information and belief and as to such matters the undersigned certifies that he/she verily believes the same to be true.

Petitioner's Signature

Address

City, State, Zip

Telephone No.

Signed pursuant to Supreme Court Rule 137: _____
Attorney or Party

Attorney/Pro Se: _____

Address: _____

City, State, Zip: _____

Telephone No.: _____

Attorney Registration No.: _____

Attorney E-mail: _____

NOTE: The petition should be accompanied with a Physician's Report. If for any reason this Report is not attached, the Court shall order appropriate evaluations to be performed by a qualified person(s) and a report prepared and filed with the Court at least ten (10) days prior to the hearing.