

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE TWENTY-FIRST JUDICIAL CIRCUIT
KANKAKEE COUNTY — IN PROBATE

In the Matter of the Estate of

A Disabled Person

} No. _____

PETITION FOR GUARDIAN OF DISABLED PERSON

_____, a reputable citizen of Illinois, on oath states:

1. _____, whose place of residence is _____
(Address)

(City) _____ (County) _____ (State) _____
whose date of birth is _____, 20_____

Is disabled and incapable of managing his _____
(Estate)

_____ because
(Person, or Estate and Person)

2. Approximate value of the personal estate \$ _____

Anticipated gross annual income and other receipts \$ _____

3. The names and post-office addresses of his nearest adult relatives are: (List spouse and children; if none, parents, brothers and sisters; if none nearest kindred)

| Name | Relationship | Post-office Address |
|------|--------------|---------------------|
| | | |

*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."

Petitioner asks that:

(a) _____ be adjudged as a disabled person;

Petitioner asks that:

(a) _____ (Name) _____ (Address) _____ (City and State)
(if an individual add) age _____ years, _____ (Occupation) _____, qualified and willing to act,
be appointed as guardian of the _____ (Estate and/or Estate and Person)
of the disabled person;

(b) _____ (Name) _____ (Address) _____
_____ (City and State) _____, age _____ years, _____ (Occupation) _____,
qualified and willing to act, be appointed as guardian of the person of the disabled person; and

(c) _____ authorization to appraise goods and chattels issue to the following, qualified to act
(an or no)

Signed and sworn to before me

(Petitioner)

_____, 20 _____. _____ (Address)

(Notary Public)

(City)

Name _____

Attorney for Petitioner _____

Address _____

City _____

Telephone _____

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE TWENTY-FIRST JUDICIAL CIRCUIT
KANKAKEE COUNTY-IN PROBATE

In the Matter of the Estate of _____

} No. _____

OATH OF OFFICE

I, _____, on oath state that I will discharge faithfully the duties
of the office of _____

Signed and sworn to before me

20 _____

(Official Capacity) _____

Name _____

Attorney for _____

Address _____

City _____

Telephone _____

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE TWENTY-FIRST JUDICIAL CIRCUIT
KANKAKEE COUNTY-IN PROBATE

In the Matter of the Estate of _____

}, No. _____

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 \$_____.

* _____

(Address)

APPROVED:

_____, 20_____, (City)

(Judge)

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

Dated _____, 20_____.
**

(Clerk of the Circuit Court) (Notary Public)

Name _____

Attorney for _____

Address _____

City _____

Telephone _____

*First name of legal representative must be written in full.

**Local rule may require acknowledgment before clerk of court instead of a notary public.

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE TWENTY-FIRST JUDICIAL CIRCUIT
KANKAKEE COUNTY --- IN PROBATE

IN THE INTEREST OF

RESPONDENT

FILE NO.

REPORT*
ON PETITION FOR APPOINTMENT OF GUARDIAN

The undersigned, on oath state:

1. The nature and type of disability of the Respondent, _____
_____ is:
2. My/our evaluations of Respondent's mental, physical, and educational condition, adaptive behavior, and social skills are:

These evaluations are based upon examination of Respondent on _____
(date)

3. In my/our opinion plenary/limited guardianship, both of the person and of the estate of Respondent, is needed because:

4. I/we recommend, as the most appropriate treatment or habilitation plan and living arrangement for Respondent:

5. Signature(s) of Person(s) performing evaluations (One of which must be a licensed physician):

STATE OF ILLINOIS
COUNTY OF _____ } SS.

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

Attorney for Petitioner _____

Address _____

City _____

Telephone _____

NOTES: 755 ILSC

Sec. 5/11a - 1. "Developmental disability" means a disability which is attributable to: (a) mental retardation, cerebral palsy, epilepsy or autism; or to (b) any other condition which results in impairment similar to that caused by mental retardation and which requires services similar to those required by mentally retarded persons. Such disability must originate before the age of 18 years, be expected to continue indefinitely, and constitute a substantial handicap.

Sec. 5/11a - 2. "Disabled person" means a person of 18 years or older who (a) because of mental deterioration or physical incapacity is not FULLY able to manage his person or estate, or (b) is mentally ill or developmentally disabled and who because of his mental illness or developmental disability is not fully able to manage his person or estate, or (c) because of gambling, idleness, debauchery or excessive use of intoxicants or drugs, so spends or wastes his estate as to expose himself or his family to want or suffering.

Sec. 5/11a - 9. (a) The petition for appointment of a guardian should be accompanied by a report which contains (1) a description of the nature and type of the respondent's disability; (2) evaluations of the respondent's mental, physical and educational condition, adaptive behavior and social skills; (3) an opinion as to whether guardianship is needed, the type and scope of the guardianship needed, and the reasons therefore; (4) a recommendation as to the most appropriate treatment or habilitation plan and living arrangement for the respondent and the reasons therefore; (5) the signatures of ALL PERSONS who performed the evaluations upon which the report is based, one of whom shall be a licensed physician.

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE TWENTY-FIRST JUDICIAL CIRCUIT
KANKAKEE COUNTY - IN PROBATE

In the Matter of the Estate of

A Disabled Person

No. _____

ORDER ADJUDICATING DISABILITY AND APPOINTING GUARDIAN

On the verified petition of _____,

for adjudication of disability and appointment of a guardian the court finds that no party has demanded a jury.

After considering the evidence, the court adjudges that _____

is a disabled person as defined in Section 11a-2 of the Probate Act and incapable of managing his _____
(Estate, _____)

Person or Estate and Person)

It is ordered that:

a. _____, who has presented his bond which has been approved, or its
acceptance of office, is appointed guardian of the _____
(Estate, or Estate and Person)
of the disabled person;

b. _____, who has presented his bond which has been approved, is
appointed guardian of the disabled person;

c. letters of guardianship issue, and

d. _____ authorization to appraise goods and chattels issue to _____
(an or no)

Dated _____ 20 _____

ENTER:

(Judge)

Name _____

Attorney for Petitioner _____

Address _____

City _____

Telephone _____

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE TWENTY-FIRST JUDICIAL CIRCUIT
KANKAKEE COUNTY-IN PROBATE

IN THE MATTER OF THE ESTATE OF

NO. _____

— A DISABLED PERSON —

LETTERS OF OFFICE---GUARDIAN OF PERSON

has been appointed guardian of the person of

, a disabled person, and is authorized to have under the direction
of the court the custody of the ward and to do all acts required of him by law.

WITNESS, _____, 20 _____

(SEAL OF COURT)

(CLERK OF THE CIRCUIT COURT)

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
CERTIFICATE
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

I certify that this is a copy of the letters of office now in force in the estate.

(SEAL OF COURT)

WITNESS, _____, 20 _____

(CLERK OF THE CIRCUIT COURT)

XXXXXX
NAME _____

ATTORNEY FOR _____

ADDRESS _____

CITY _____

TELEPHONE _____

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE TWENTY-FIRST JUDICIAL CIRCUIT
KANKAKEE COUNTY-IN PROBATE

In the Matter of the Estate of

A Disabled Person

No. _____

LETTERS OF OFFICE — GUARDIAN OF ESTATE

has been appointed

(Guardian)

of the

(Estate or Estate and Person)

of _____, a disabled person and is authorized to have under the direction of the court the care, management and investment of the ward's estate _____

(and the custody of the Ward) , and to do all acts required of him by law.

Witness, _____, 20_____.

(Seal of court)

(Clerk of the Circuit Court)

CERTIFICATE

I certify that this is a copy of the letters of office now in force in the estate.

Witness, _____, 20_____.

(Seal of court)

(Clerk of the Circuit Court)

Name _____

Attorney for _____

Address _____

City _____

Telephone _____