

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT OF ILLINOIS  
TAZEWELL COUNTY IN PROBATE

---

ESTATE OF \_\_\_\_\_

Case Number \_\_\_\_\_

Alleged Disabled Person-Respondent

**PETITION FOR APPOINTMENT OF GUARDIAN FOR DISABLED PERSON**

\_\_\_\_\_, on oath state:

1. \_\_\_\_\_, whose date of birth is \_\_\_\_\_ and place of residence is \_\_\_\_\_, \* is a disabled person.
2. The relationship to and interest of the petitioner in the respondent is: \_\_\_\_\_
3. The reason for the guardianship is that the respondent is a disabled person due to:  
\_\_\_\_\_  
and because of such disability \*\* (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. (a) The approximate value of the estate: Personal \_\_\_\_\_ Real \_\_\_\_\_  
(b) 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 (list spouse, adult children, parents, siblings; if none, nearest kindred), guardian and agent appointed under the Illinois Power of Attorney Act, if any, are listed on Exhibit A attached hereto and made a part of this Petition.
6. The name and address of the person with whom, or the facility in which the respondent is residing is: \_\_\_\_\_

Petitioner asks that:

- (a) \_\_\_\_\_ be adjudged a disabled person;
- (b) \_\_\_\_\_  
(name) (address) (city/state/zip)

\_\_\_\_\_  
(age) (relationship to respondent) (occupation)  
qualified and willing to act, be appointed as guardian of the respondent's \_\_\_\_\_

\_\_\_\_\_ ;  
(estate) (estate and person)

(c) \_\_\_\_\_  
(name) (address) (city/state/zip)

\_\_\_\_\_  
(age) (relationship to respondent) (occupation)

qualified and willing to act, be appointed as guardian of the person only;

(d) The guardianship shall be \*\* (a) plenary or for (b) the limited purpose of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Address (city/state/zip)

Signed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary public

\_\_\_\_\_  
Attorney certification

Name \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

\* If alleged disabled person is a nonresident add "owning real estate in this county" or "owning personal estate in this county".

\*\* Strike if not applicable



3. An analysis and results of evaluations of respondent's mental and physical condition and where appropriate, educational condition, adaptive behavior and social skills.

4. In my opinion a Guardian is / is not (circle one) needed.

5. If needed, Guardianship should be of the \_\_\_\_\_.  
(person) (estate) (person and estate)  
Guardian should be plenary / limited. (circle one)

If limited Guardian, what should be the scope of the Guardian's authority?

6. Include your reasons for your opinions.

7. A recommendation as to the most suitable living arrangement and, where appropriate, treatment and rehabilitation plan for the respondent.

Signatures are required of all persons who performed the evaluations upon which the report is based, one of whom shall be a licensed 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. Evaluations on which the report is based must have been performed within three (3) months of the date of the filing of the petition.

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Licensed Physician in the State of Illinois

Other evaluators, if any:

Name \_\_\_\_\_

Address \_\_\_\_\_

Certification, licenses, or other credentials \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Certification, licenses, or other credentials \_\_\_\_\_

Signature \_\_\_\_\_

\*5/11-a2 “Disabled person” means a person 18 years or older who (a) because of mental deterioration or physical incapacity is not FULLY able to manage his or her person or estate, or (b) is a person with mental illness or a person with a developmental disability and who because of his or her mental illness or developmental disability is not fully able to manage his or her 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.

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 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.

5/11a-9(a) The petition for adjudication of disability and 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 and an assessment of how the disability impacts on the ability of the respondent to make decisions or to function independently; (2) an analysis and results of evaluations of the respondent's mental and physical condition and, where appropriate, educational condition, adaptive behavior and social skills, which have been performed within 3 months of the date of the filing of the petition; (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 suitable living arrangement and, where appropriate, treatment or rehabilitation plan for the respondent and the reasons therefor; (5) the signatures of ALL PERSONS who performed the evaluations upon which the report is based, one of whom shall be licensed physician and a statement of the certification, license, or other credentials that qualify the evaluators who prepared the report.

Report to be impounded by Clerk as required by 755 ILCS 5/11a-9(c).

**IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT OF ILLINOIS  
TAZEWELL COUNTY**

In the Matter of the Estate of \_\_\_\_\_ )  
 )  
 ) Case # \_\_\_\_\_ )  
 )  
 )  
 )  
 )  
 \_\_\_\_\_ )  
Disabled Adult

**OATH OF OFFICE**

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

\_\_\_\_\_  
(Signature)

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

\_\_\_\_\_  
(Notary Public) or (Clerk)

\_\_\_\_\_

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT OF ILLINOIS  
TAEWELL COUNTY

---

ESTATE OF:

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

\_\_\_\_\_

BOND OF LEGAL REPRESENTATIVE – SURETY

We, \_\_\_\_\_  
(principal(s) name(s) printed)

and \_\_\_\_\_  
(surety name printed)

and \_\_\_\_\_  
(surety name printed)

jointly and severally bind ourselves to the People of the State of Illinois that the principal will discharge faithfully the duties of the office of \_\_\_\_\_

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

\* \_\_\_\_\_  
(principal signature)

Address \_\_\_\_\_  
\_\_\_\_\_

\* \_\_\_\_\_  
(surety signature)

Address \_\_\_\_\_  
\_\_\_\_\_

\* \_\_\_\_\_  
(surety signature)

Address \_\_\_\_\_  
\_\_\_\_\_

Attorney or Pro se:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Subscribed and sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Notary Public or Depty Clerk

Date \_\_\_\_\_

\_\_\_\_\_  
Judge's Signature

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT OF ILLINOIS  
TAZEWELL COUNTY

---

ESTATE OF:

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

\_\_\_\_\_

BOND OF LEGAL REPRESENTATIVE – NO SURETY

I, \_\_\_\_\_ bind myself to the People of the State of Illinois that I will  
(name printed)  
discharge faithfully the duties of the office of \_\_\_\_\_.

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

\* \_\_\_\_\_  
(signature)

Address \_\_\_\_\_

\_\_\_\_\_

Attorney or Pro se:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Subscribed and sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Notary Public or Depty Clerk

Date \_\_\_\_\_

\_\_\_\_\_  
Judge's Signature

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT OF ILLINOIS  
TAZEWELL COUNTY

---

ESTATE OF:

Case Number \_\_\_\_\_

\_\_\_\_\_  
Alleged Disabled Person

SUMMONS FOR APPOINTMENT OF GUARDIAN FOR DISABLED PERSON

To:

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

You are summoned to appear at a hearing on a petition to adjudge you a disabled person and have a guardian appointed to make decisions for you regarding yourself or your property or both. A copy of the Petition is attached.

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 for your convenience.

The date and time of the hearing are: \_\_\_\_\_ AM / PM

The place where the hearing will occur: Courtroom 202, Tazewell County Courthouse, Pekin, Illinois.

The Judge's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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 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 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 HAERING IF YOU DO NOT WANT A GUARDIAN OR IF YOU WANT SOMEONE OTHER THATN 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.**

Date \_\_\_\_\_

\_\_\_\_\_  
Witness: Clerk of the Circuit Court/Deputy

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT OF ILLINOIS  
TAZEWELL COUNTY

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IN RE THE ESTATE OF:

Case Number \_\_\_\_\_

\_\_\_\_\_  
Alleged Disabled Person-Respondent

ORDER APPOINTING GUARDIAN AD LITEM

Pursuant to Section 11a-10 of the Illinois Probate Act, 755 ILCS 5/11a-10, \_\_\_\_\_,  
a licensed attorney, is appointed Guardian Ad Litem for the above named Respondent.

The Guardian Ad Litem may consult with a person who by training or experience is qualified to work with persons with a developmental disability, persons with mental illness, physically disabled persons, or persons disabled because of mental deterioration, as may applicable, based on the allegations of the Petition.

The Guardian Ad Litem is directed to personally observe the Respondent prior to the hearing and to inform the Respondent orally and in writing of the contents of the Petition and of the Respondent's rights under Section 11a-10 of the Illinois Probate Act, 755 ILCS 5/11a-11. The Guardian Ad Litem shall also attempt to elicit the Respondent's position concerning the adjudication of disability, the proposed Guardian, any proposed change in residential placement, and any changes in care which might result from the guardianship.

The Guardian Ad Litem is further directed to prepare and file a written report, as provided in Section 11a-10 of the Illinois Probate Act, 755 ILCS 5/11a-10, at or before the hearing.

The Guardian Ad Litem is directed to be present at the hearing in courtroom \_\_\_\_\_, Tazewell County Courthouse, in Pekin, Illinois, on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ AM/PM.

Date \_\_\_\_\_

\_\_\_\_\_  
Judge of the Tenth Judicial Circuit Court

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT OF ILLINOIS  
TAZEWELL COUNTY

---

IN RE THE ESTATE OF:

Case Number \_\_\_\_\_

\_\_\_\_\_  
Alleged Disabled Person-Respondent

REPORT OF GUARDIAN AD LITEM

Now comes \_\_\_\_\_, Guardian Ad Litem for the Respondent in this matter, pursuant to 755 ILCS 5/11a-10, and respectfully reports to the court as follows:

1. I personally observed the Respondent on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  
\_\_\_\_\_. At that time I advised the Respondent orally and in writing of the contents of the Petition and of the Respondent's rights under 755 ILCS 5/11a-11.

2. Details of my observations of the Respondent:

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

3. Respondent's position concerning the adjudication of disability:

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

4. Respondent's position concerning the proposed Guardian:

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

5. Respondent's position concerning any proposed change in residential placement:

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

6. Respondent's position concerning any changes in care which might result from the guardianship:

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

7. Names, addresses, and specialties of other professionals whom I consulted:

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8. My opinion or the opinion of other professionals whom I consulted, concerning appropriateness of guardianship:

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9. Other material issues, if any, which I discovered:

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Respectfully Submitted,

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Guardian Ad Litem

Attorney Name: \_\_\_\_\_  
Guardian Ad Litem

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

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

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT OF ILLINOIS  
TAZEWELL COUNTY

---

ESTATE OF:

Case Number \_\_\_\_\_

\_\_\_\_\_  
Disabled Person

ORDER APPOINTING GUARDIAN FOR A DISABLED PERSON

This matter coming on the verified petition of \_\_\_\_\_ for an adjudication of disability and the appointment of a guardian for the \_\_\_\_\_  
(Estate and Person / Estate / Person)

of the above-named Disabled Person, the court FINDS:

1. That no party has demanded a jury.
2. That a summons was served upon the Disabled Person at least 14 days prior to this date.
3. That \_\_\_\_\_, a duly licensed attorney, was appointed Guardian Ad Litem, the Guardian Ad Litem has filed a report herein, and is present in open court to testify to issues presented in the report.
4. The notice was mailed by the Petitioner to all persons whose names and addresses appear on the Petition at least 14 days prior to the date of the hearing thereon.
5. That a written report of an examining physician, based upon an examination of Disabled Person less than 3 months prior to the hearing, has been filed and copies made available to parties and counsel at least 10 days prior to the hearing as required by Section 11a-9.
6. That the court, having made inquiry on all matters set forth in Section 11a-11e, finds it has jurisdiction over the person of the Disabled Person and the subject matter herein.
7. That matters in the Petition are true in substance and fact.
8. \*\*That the Respondent is a Disabled Person, totally without capacity as specified in Section 11a-3 of the Probate Act and a Limited Guardianship will not provide sufficient protection for the Disabled Person, his or her estate, or both.
9. \*\*That the Respondnt is a Disabled Person lacking some but not all of the capacity as specified in Section 11a-3 and that Guardianship is necessary for the protection of the Disabled Person, his or her estate, or both.
10. The factual basis for the findings of the court is as follows:

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

IT IS HEREBY ORDERED THAT:

- A. \*\* \_\_\_\_\_, who has presented his/her bond in the amount of \$\_\_\_\_\_, which as been approved OR which has presented its Acceptance of Office, is appointed (Plenary/Limited) Guardian of the \_\_\_\_\_ (Estate and Person / Estate / Person) of the Disabled Person.
- B. \*\* \_\_\_\_\_ is appointed (Plenary/Limited) Guardian of the person of the Disabled Person; bond waiver OR in the amount of \$\_\_\_\_\_.
- C. The duties and powers of the Guardian are as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. Letters of Guardianship shall issue in accordance with the provisions of this order.
- E. The Guardian Ad Litem fees are fixed at \$\_\_\_\_\_.
- F. \*\*The Guardian shall report to the court in writing \_\_\_\_\_ (Annually, or other period)

\*\*STRIKE IF NOT APPLICABLE

Date \_\_\_\_\_

\_\_\_\_\_  
Judge of the Tenth Judicial Circuit

Name \_\_\_\_\_  
Attorney for Petitioner

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT OF ILLINOIS  
TAZEWELL COUNTY IN PROBATE

---

In the Matter of the Estate of:

\_\_\_\_\_   
 Disabled Adult

Case Number \_\_\_\_\_

LETTERS OF OFFICE-GUARDIAN OF ESTATE

\_\_\_\_\_ has (have) been appointed guardian(s)  
of the \_\_\_\_\_, of \_\_\_\_\_,  
(Estate or Estate and person) (Name of disabled adult)

a disabled adult and is (are) 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 or her (them) by law.

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

(SEAL OF COURT)

\_\_\_\_\_  
Clerk of the Circuit Court/Deputy Clerk

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Name \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT OF ILLINOIS  
TAEWELL COUNTY IN PROBATE

---

In the Matter of the Estate of:

\_\_\_\_\_   
 Disabled Adult

Case Number \_\_\_\_\_

LETTERS OF OFFICE-GUARDIAN OF PERSON

\_\_\_\_\_ has (have) been appointed guardian(s) of the person(s) of  
\_\_\_\_\_, a disabled adult and is (are) authorized to have under the  
direction of the court the custody of the ward and to do all acts required of him or her (them) by law.

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

(SEAL)

\_\_\_\_\_  
Clerk of the Circuit Court/Deputy

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CERTIFICATE

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

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

(SEAL)

\_\_\_\_\_  
Clerk of the Circuit Court/Deputy

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Name \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_  
Telephone / fax \_\_\_\_\_