STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 20TH JUDICIAL CIRUCIT
ST. CLAIR COUNTY, ILLINOIS- IN PROBATE

In the Matter of the Estate of)
)
)
_____)
A Disabled Person)
)
)
)
)
)
)

Case No.:_____

Hearing on petition set for _____
_____, 20_____.
_____a.m./p.m., Room_____
County Courthouse
Belleville, Illinois

_____
(Judge)

PETITION FOR GUARDIAN

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

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

_____
(City) **(County)** **(State)**

Whose date of birth is _____, _____ is disabled and incapable of

managing his/ her _____,_____
(Estate) **(Person or Estate and Person)**

because;

2. Approximate value of the personal estate……$_____

Anticipated gross annual income and other receipts……$_____

3. The names and post office addresses of his/ her 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 as "owing real estate in this county" or "owning no real estate in Illinois buy 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, _____, qualified and
(Occupation)

willing to act, be appointed as guardian of the _____
(Estate and/ or Estate and Person)

of the disabled person;

(b) _____
(Name) **(Address)**

_____, age _____years, _____,
(City and State) **(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
(an or no)

qualified to act _____

_____

_____
Petitioner

Signed and sworn to before me

_____, 20____. _____
Address

_____ _____
Notary Public **City**

(Seal) _____
Telephone/Email Address

Name

Attorney for Petitioner

Address

City

Telephone/Email Address

STATE OF ILLINOIS
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In the Matter of the Estate of	)	
	)	
	)	**Case No.:**_____
_____	)	
A Disabled Person	)	

OATH OF GUARDIAN

I SOLEMNLY SWEAR that I will truly administer the _____of
(Person and/or Estate)
_____, who has been adjudged a disabled person, and that in administering these processes, I will do and perform all acts required of my by law to the best of my ability; so help me God.

Dated_____, 20_____.

_____
Guardian

Subscribed and sworn to before me

_____, 20____

KINNIS WILLIAMS SR
Clerk of the Circuit Court

By:_____
Deputy

STATE OF ILLINOIS
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)
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_____)
A Disabled Person)

PHYSICIAN'S AFFIDAVIT- GUARDIANSHIP

_____, on oath states:

1. I am licensed to practice medicine in all its branches in Illinois.
2. On _____, 20_____, I examined _____.
3. In my opinion he/ she is _____
(Physically and/ or Mentally)
incapable of managing his_____
(Person, Estate, or Person and Estate)
4. My opinion is based on these facts:

_____, 20_____

_____
Address

_____
City/ State/ Zip

Signed and sworn to before me

_____,20_____

_____
Telephone/Email Address

_____
Notary Public

Name_____

Attorney for Petitioner_____

Address_____

City_____

Telephone/Email Address_____

STATE OF ILLINOIS
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In the Matter of the Estate of	)	
	)	
	)	**Case No.:**_____
_____	)	
A Disabled Person	)	

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/ her_____
(Estate, Person and/or Estate and Person)

It is ordered that:

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

STATE OF ILLINOIS
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In the Matter of the Estate of)
)
)
_____)
)

Case 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

_____
City, State, Zip

APPROVED:

_____, 20_____, _____

Telephone/Email Address

_____
Judge

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

Dated_____, 20____

**_____
Clerk of the Circuit Court/ Notary Public

Name_____

Attorney for Petitioner_____

Address_____

City_____

Telephone/Email Address_____

*** First name of legal representative must be written in full.**
**** Local rule may require acknowledgment before clerk of the court instead of a notary public.**

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In the Matter of the Estate of	)	
	)	
	)	**Case No.:**_____
_____	)	
	)	

ORDER APPOINTING GUARDIAN AD LITEM

It is ordered that _____

is appointed guardian ad litem for

on the hearings on

Dated _____, 20____

ENTER:

_____

Judge

Name _____

Attorney for Petitioner _____

Address _____

City _____

Telephone/Email Address _____