

**IN THE CIRCUIT COURT OF THE 17th JUDICIAL CIRCUIT
BOONE COUNTY, ILLINOIS
Probate Division**

IN THE MATTER OF

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Alleged Disabled Person

Case Number _____

PETITION FOR APPOINTMENT OF GUARDIAN FOR DISABLED PERSON

Petitioner _____ on oath states:

1. Petitioner is related to respondent as _____, and his/her interest in respondent is _____.
2. _____, respondent, is a disabled person; his/her date of birth is _____, and place of residence is _____ Boone County, Illinois (is a non-resident of Illinois owning real estate in this county) (owning no real estate but having personal estate in this county).
3. Respondent is an adult person in need of guardianship for the following reason(s): _____

4. Respondent has (an/no agent or agents appointed under the Illinois Power of Attorney Act) (a/no Guardian) whose name and address are _____
5. The names and post office addresses of the respondent's nearest relatives are: (list spouse and adult children, the parents, adult brothers and sisters (if any); if none, nearest known adult kindred;)

| Name | Relationship | Post Office Address |
|------|--------------|---------------------|
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6. The name and address of the person with whom, or the facility in which the respondent is residing is:

7. (a) Approximate value of respondent's personal estate: \$ _____
 (b) Approximate value of respondent's real estate: \$ _____
 (c) The anticipated gross annual income and other receipts of the respondent are: \$ _____
 (d) Benefit, compensation, pension or insurance payable by the United States of America: \$ _____

8. (a) Name _____
 Post Office Address _____
 age _____ years, relationship _____ occupation _____
 is qualified and willing to act as guardian of the respondent's (estate) (estates and person).
- (b) _____ of _____
 age _____ years (a)(an) _____ is qualified and willing to act as
 guardian of the respondent's person only.
- (c) The guardianship be for the limited purpose of: _____

- (d) The guardian, if appointed, is authorized to place the ward in a residential facility, as follows: _____

- (e) The duration of the term of guardianship should be _____
- (f) (An)(No) authorization to appraise goods and chattels issue to _____

PETITIONER ASKS:

- (a) _____ be adjudged a disabled person
- (b) Guardian(s) be appointed for the purpose and terms as above set forth. Notice to Chief Attorney of the Administrator of Veteran's Affairs (is) (is not) required. Respondent has (a) (no) safety deposit box at _____ at _____.

| | |
|-------------------------|------------------------|
| Name _____ | Petitioner _____ |
| Attorney for Petitioner | Petitioner's Signature |
| Address _____ | Address _____ |
| City, State Zip _____ | City, State Zip _____ |
| Telephone _____ | Telephone _____ |
| Email _____ | Email _____ |

Signed and sworn to before me this _____ 20_____

 NOTARY PUBLIC