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

		11004		151011		
IN THE MATT	TER OF))			
	Alleged	Disabled Person)			
	6.4			Case Number		
PETIT	ION FOR APPOIN	TMENT OF TEM	[PORA]	RY GUARDIAN FO	R DISABLED PERSON	
					hereby certifies:	
1. On	On, 20, a petition was filed herein for the appointment of a g, of, and, an					
(E	(Estate and Person, Estate, Person)			and whose place of residence is		
•	ary guardian is necess	•	•	(Coun ion of the respondent b	because:	
3. Petitioner	is			to the alleged dis	abled person.	
4. The name	e and address of the res	p and interest to respondent pondent's * (a) Guard	nt) rdian (b)	Agent under the Durab	le Power of Attorney Law is	
kindred k	nown to Petitioner)	respondent's nearest	relatives	are as follows: (if non	e, respondent's nearest adult	
Spouse and A	dult Children: Name		Addre	200	Relationship to respondent	
	Indille		Address		Relationship to respondent	
6. The name	and address of the per	rson with whom, or th	he facilit	y in which the respond	ent is residing is:	
	oximate value of respo					
	nticipated gross annua			the respondent are: §		
	(Name)		(Addı	(Address) (City and State) , qualified and willing to act, be appointed		
(age)		(Occupation)				
as tempor	ary guardian of the	(Estate and Damon	Estata Da	of the alleg	ged disabled person.	
*Strike either (a	a) or (b)	(Estate and Person,	, Estate, Pe	rson)		
Name				The undersigned certifies that the statements set forth in this instrument are two and correct export as to matter		
Attorney for				this instrument are true and correct, except as to matters therein stated to be on information and belief and as to		
Address				such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.		
	p					
Telephone						
Email				Pet	itioner's Signature	