

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION**

In re the Estate of

Respondent's Name

No. 2018-P-

PROBATE DIVISION COVER SHEET

A Probate Division Cover Sheet shall be filed with the initial petition in all actions filed in the Probate Division. The information contained herein is for clerical purposes only. Please check the box in front of the appropriate category which best characterizes your action being filed.

Guardianship for Disabled Person

- 0001 Person
- 0002 Estate
- 0003 Estate and Person
- 0019 Elder Abuse

Guardianship for Minor

- 0011 Person
- 0012 Estate
- 0013 Estate and Person

Probate of Decedent's Estate - Intestate

- 0004 Supervised Administration
- 0005 Independent Administration
- 0014 Summary Administration
- 0006 Letters of Administration to Collect
- 0018 Miscellaneous Probate Action (Decedent)
- 0018 Proof of Heirship (Decedent)

Probate of Decedent's Estate - Will

- 0007 Supervised Executor
- 0008 Independent Executor
- 0015 Summary Executor
- 0009 Will Annexed - Supervised Administration
- 0010 Will Annexed - Independent Administration

Other

- 0016 Sell or Transfer Structured Settlement
(Out of Scope in the eFiling)

By: _____

Atty. No.: _____ Pro Se 99500

Name: Petitioner's Name

Atty. for: _____

Address: Petitioner's Address

City/State/Zip: Petitioner's City/State/Zip

Telephone: Petitioner's Phone

Primary Email: _____

Secondary Email: _____

Tertiary Email: _____

5 COPIES PLUS ONE COPY FOR EACH PERSON ON EXHIBIT A

CCP N200 (Rev. 08/16/16)

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT – PROBATE DIVISION

File No. 2018-P-

Estate of

Respondent's Name

Alleged Person with a Disability

PETITION FOR APPOINTMENT OF GUARDIAN OF A PERSON WITH A DISABILITY

Does the Petitioner expect the Alleged Person With A Disability to appear in court? Yes No <- check y/n

In accordance with §11a-8 of the Probate Act of 1975 (“Probate Act”) [755 ILCS 5/11a-8] and §§201 - 204 of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act (“UAGPPJA”) [755 ILCS 8/201 - 204], the

Petitioner, Petitioner's Name [printed name of the Petitioner]

states under the penalties of perjury:

1. Respondent's name (the “Respondent”),
[printed name of the alleged person with a disability]

whose year of birth is year of birth, who is 18 years or older, who resides in Cook County, and whose place of residence is respondent's address/city/Cook County/Illinois/zip code
[address/city/county/state/zip code], is a person with a disability;

2. The relationship to and interest in the Respondent of the Petitioner is Petitioner is Respondent's X

*3. The reasons for the guardianship are that the Respondent is a person with a disability due to description of disability - in petitioner's own words and because of that dicability
[description of 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 Respondent’s estate is: Personal \$ value personal Real \$ 0;
property

(b) The amount of the Respondent’s anticipated annual gross income and other receipts are: \$ annual income (source income)

5. The names and post office addresses of the Respondent’s Guardian, if any, or of the Respondent’s agent(s) appointed under any Power of Attorney Act, if any, and of the Respondent’s nearest relatives entitled to notice, are listed on Exhibit A attached to this Petition “Nearest relatives” means, in the following order, (a) the spouse (including a party to a civil union) and adult children, the parents and adult brothers and sisters or, if none, (b) the nearest adult kindred known to the Petitioner;

6. The names and post office addresses of any minor or adult who is dependent upon the Respondent are also listed on **Exhibit A** attached to this Petition.

7. The name and address of the person with whom, or the facility in which, the Respondent is residing is Name and address of person or facility where Respondent resides

*8. (a) No Petition for the appointment of a Guardian of the Respondent is pending in any other jurisdiction;
 (b) A Petition for the appointment of a Guardian of the Respondent is pending in _____;

**9. (a) Illinois is the Respondent’s “home state” as defined in §201(a)(2) of the UAGPPJA.
 (b) _____ is the Respondent’s “home state”, but Illinois is a “significant-connection state” as defined in §201(a)(3) of the UAGPPJA, and one of the additional requirements specified in §203(2)(A)-(B) of UAGPPJA applies.

* Check the appropriate box or boxes

** Check the appropriate basis for jurisdiction

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- (c) Illinois is not the Respondent's "home state" or a "significant-connection state" as defined in §201(a)(2)-(3) of the UAGPPJA, but the "home state" and every "significant-connection state" have declined to exercise jurisdiction because Illinois is the most appropriate forum.
(d) Illinois is not the Respondent's "home state" or a "significant-connection state" as defined in §201(a)(2)-(3) of the UAGPPJA, but the circumstances involved constitute an "emergency" as defined in §201(a)(1) of the UAGPPJA, and, as a result, the Court has "special jurisdiction" under §204(a) of the UAGPPJA.

The Petitioner asks that Respondent's name be adjudged a person with a disability, and that [printed name of the Respondent]

A. [printed name of the proposed Guardian]

[post office address/city/state/zip code]

age years, relationship to the Respondent, occupation

who is qualified and willing to act and who (has) (has not) been convicted of a felony, be

appointed as Guardian of the (estate and person) (estate only) of the Respondent.

*** B. Petitioner's Name [printed name of the proposed Guardian]

Petitioner's address/city/state/zip [post office address/city/state/zip code]

age age years, relationship to respondent petitioner's occupation [relationship to the Respondent] [occupation]

who is qualified and willing to act and who has not (has) (has not) been convicted of a felony, be

appointed as Guardian of the person only of the Respondent.

*** C. [printed name of the proposed Guardian]

be appointed even though (he) (she) has been convicted of a felony because:

- (i) the appointment is in the Respondent's best interests, after considering the nature and date of the offense and the evidence of the proposed Guardian's rehabilitation, and
(ii) the offense is not one which, under §11a-5(5) of the Probate Act, would prohibit the appointment.

*** Strike if not applicable.

Petitioner signs here

[signature of the Petitioner]

Petitioner's address

[address of the Petitioner]

Petitioner's city/state/zip

[city/state/zip code]

Service via Email will be accepted at:

by consent pursuant to Ill. Sup. Court Rules 11 and 131.

Attorney Certification

Attorney Number 99500

Name Petitioner's Name

Firm Name

Attorneys for pro se

Address Petitioner's address

City/State/Zip Petitioner's city/state/zip

Telephone Petitioner's phone

Email

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EACH PERSON ON EXHIBIT A

CCP N200 C (Rev. 08/16/16)

File No. 2018-P-

EXHIBIT A

Attached to and made a part of a

PETITION FOR APPOINTMENT OF GUARDIAN OF A PERSON WITH A DISABILITY

List the names and post office addresses (i) of the persons entitled to receive notice under paragraph 5, and (ii) of the minors or adults who are dependent upon the Respondent under paragraph 6, of the Petition to which this Exhibit A is attached.

I. Respondent's Guardian(s) or agent(s) appointed under the Illinois Power of Attorney Act

Has a Court appointed a Guardian for the Respondent? Yes No Unknown

Has the Respondent executed a Power of Attorney for Property? Yes No Unknown

Has the Respondent executed a Power of Attorney for Health Care? Yes No Unknown

<--answer all questions

Provide the following information with respect to each Guardian and agent:

<p>_____ [name]</p> <p>_____ [address]</p> <p>_____ [city/state/zip]</p> <p>_____ [relationship to the Respondent]</p> <p>_____ [telephone] _____ [email]</p>		<p>_____ [name]</p> <p>_____ [address]</p> <p>_____ [city/state/zip]</p> <p>_____ [relationship to the Respondent]</p> <p>_____ [telephone] _____ [email]</p>	
Type of guardianship:	Type of Power of Attorney:	Type of guardianship:	Type of Power of Attorney:
<input type="checkbox"/> Adult <input type="checkbox"/> Minor	<input type="checkbox"/> Property	<input type="checkbox"/> Adult <input type="checkbox"/> Minor	<input type="checkbox"/> Property
<input type="checkbox"/> Person <input type="checkbox"/> Estate	<input type="checkbox"/> Health Care	<input type="checkbox"/> Person <input type="checkbox"/> Estate	<input type="checkbox"/> Health Care

If the Respondent has one or more additional Guardian(s) or agent(s), provide the above information with respect to each on an additional page.

II. Respondent's Nearest Relatives Entitled to Notice

A. Does the Respondent have a spouse (by marriage or civil union) and adult children, parents and adult brothers and sisters living?

If "No" or "Unknown", proceed to paragraph B below.

If "Yes", provide the following information with respect to each:

Spouse

Adult Child

<p>_____ [name]</p> <p>_____ [address]</p> <p>_____ [city/state/zip]</p> <p>_____ [telephone] _____ [email]</p>	<p>_____ [name]</p> <p>_____ [address]</p> <p>_____ [city/state/zip]</p> <p>_____ [telephone] _____ [email]</p>
--	--

5 COPIES PLUS ONE COPY FOR

EACH PERSON ON EXHIBIT A

File No. 2018-P-

Adult Child

[name]

[address]

[city/state/zip]

[telephone] [email]

Adult Child

[name]

[address]

[city/state/zip]

[telephone] [email]

If the Respondent has one or more additional adult children living, provide the above information with respect to each on an additional page.

Parent

[name]

[address]

[city/state/zip]

[telephone] [email]

Parent

[name]

[address]

[city/state/zip]

[telephone] [email]

Adult Brother or Sister

[name]

[address]

[city/state/zip]

[telephone] [email]

Adult Brother or Sister

[name]

[address]

[city/state/zip]

[telephone] [email]

If the Respondent has one or more additional adult brothers and sisters living, provide the above information with respect to each on an additional page.

B. If the Respondent has no spouse, no adult child, no parent and no adult brother or sister, provide the following information with respect to each nearest adult relative:

[name] [relationship]

[address]

[city/state/zip]

[telephone] [email]

[name] [relationship]

[address]

[city/state/zip]

[telephone] [email]

5 COPIES PLUS ONE COPY FOR EACH PERSON ON EXHIBIT A

2018-P-

File No. _____

<hr/> <p>[name] [relationship]</p> <hr/> <p>[address]</p> <hr/> <p>[city/state/zip]</p> <hr/> <p>[telephone] [email]</p>	<hr/> <p>[name] [relationship]</p> <hr/> <p>[address]</p> <hr/> <p>[city/state/zip]</p> <hr/> <p>[telephone] [email]</p>
--	--

If the Respondent has one or more additional adult relatives living, provide the above information with respect to each on an additional page.

III. Minor(s) and Adult(s) Dependent Upon the Respondent

Does the Respondent have one or more minors or adults who are dependent upon the Respondent?

Yes No Unknown

<---- check yes/no/unknown

If "Yes", provide the following information with respect to each:

Dependent **Minor** **Adult** **Dependent** **Minor** **Adult**

<hr/> <p>[name] [relationship]</p> <hr/> <p>[address]</p> <hr/> <p>[city/state/zip]</p> <hr/> <p>[telephone] [email]</p>	<hr/> <p>[name] [relationship]</p> <hr/> <p>[address]</p> <hr/> <p>[city/state/zip]</p> <hr/> <p>[telephone] [email]</p>
--	--

If the Respondent has one or more additional adult relatives living, provide the above information with respect to each on an additional page.

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

_____ v. _____ No. 2018-P-_____

NOTICE OF MOTION

To: _____

On _____ at _____ a.m/p.m. or as soon thereafter as counsel may be heard, I shall appear before the Honorable _____ or any judge sitting in that Judge's stead, in the courtroom usually occupied by him/her, located at _____, Illinois, and present _____.

Atty. No.: _____ Pro se 99500 Telephone: _____
Name: _____ Primary Email: _____
Atty. for: _____ Secondary Email: _____
Address: _____ Tertiary Email: _____
City/State/Zip Code: _____

PROOF OF SERVICE BY DELIVERY

I, _____, the attorney non-attorney certify that on the _____ day of _____, I served this notice by delivering a copy personally to each person to whom it is directed.

Dated: _____ Signature/Certification

PROOF OF SERVICE BY MAIL

I, _____, the attorney non-attorney certify that I served this notice by mailing a copy to _____ at _____ (address on envelope) and depositing the same in the U.S. Mail at _____ (place of mailing) at _____ a.m/p.m.. on the _____ day of _____, with proper postage prepaid.

Dated: _____ Signature/Certification

PROOF OF ELECTRONIC SERVICE (WHERE PERMISSIBLE)

I, _____, the attorney non-attorney certify that on the _____ day of _____, I served this notice electronically via the Clerk's Office E-filing system, or by telefax transmission (_____ pages) with consent of the recipient where permissible under Ill. Sup Ct. R.11, at fax no. _____, at _____ a.m./p.m., from _____ (Place)

Via email (Sender's Email is _____ Recipient's email is: _____).

Dated: _____ Signature/Certification

NOTE: If more than one person is served by delivery or mail, additional proof of service may be made by attaching an additional sheet to this Notice of Motion.

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

ONE COPY

CCP N209 (Rev. 08/16/16)

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

File No. 2018-P-

Estate of

Respondent's Name
Alleged Person with a Disability

ORDER APPOINTING GUARDIAN AD LITEM FOR ALLEGED PERSON WITH A DISABILITY

IT IS ORDERED THAT:

- A. _____ be appointed Guardian *ad litem*
[printed name of the Guardian *ad litem*]
for the above named person (the "Respondent").
- B. The Guardian *ad litem* shall:
1. Personally observe the Respondent;
 2. Inform the Respondent orally and in writing of the contents of the Petition and of the Respondent's rights under §11a-10 of the Probate Act of 1975 [755 ILCS 5/11a-10];
 3. Attempt to elicit the Respondent's position concerning the adjudication of disability, the proposed Guardian, a proposed change in residential placement, changes in care which might result from the guardianship, and other areas of inquiry deemed appropriate by the Court;
 4. Be present at the hearing in Room _____, Richard J. Daley Center, 50 West Washington Street, Chicago, Illinois, on the:
 Petition for Temporary Guardian of Alleged Person with a Disability, at _____m
on _____.
 Petition for Appointment of Guardian of a Person with a Disability, at _____m
on _____.
 5. File a written report with the Court on or before the hearing on the Petition for Appointment of Guardian of Person with a Disability.
- C. Notwithstanding any provision in the Mental Health and Developmental Disabilities Act or any other law, the Guardian *ad litem* shall have the right to access, inspect, and copy any medical or mental health records of the Respondent, whether written or electronic, which the Guardian *ad litem* deems necessary, provided that the information so disclosed shall not be utilized for any other purpose nor be redisclosed except in connection with the proceedings.

Attorney Number 99500

Name Petitioner's Name

Firm Name _____

Attorneys for pro se

Address Petitioner's Address

City/State/Zip Petitioner's city/state/zip

Telephone Petitioner's phone

Email _____

ENTERED:

Dated _____

Judge Judge's No.

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

File No. 2018-P-

Estate of

Respondent's Name
A Person with a Disability

ORDER APPOINTING PLENARY GUARDIAN OF A PERSON WITH A DISABILITY

On the Petition of Petitioner's Name for the appointment of
[printed name of the Petitioner]

Petitioner's Name
[printed name of the proposed Guardian]

as Guardian of the person of
(estate) (person) (estate and person)

Respondent's Name (the "Respondent"),
[printed name of the Person with a Disability]

the Court finds that:

1. The proposed guardian is:

(a) an Individual

(i) Information on Residency

(A) who is a resident of Illinois

(B) who is a nonresident of Illinois and has complied with §1-11 of the Probate Act of 1975 ("Probate Act") [755 ILCS 5/1-11] by filing with the Court a Designation of Resident Agent to accept service of process, notice or demand required or permitted by law to be served upon the Guardian

and

(ii) Information on Criminal Background

(A) who has not been convicted of a felony

(B) who has been convicted of a felony, but the conviction shall not prevent the appointment because:
(1) the appointment is in the Respondent's best interests, after considering the nature and date of the offense and the evidence of the proposed Guardian's rehabilitation, and
(2) the offense is not one which, under §11a-5(a)(5) of the Probate Act [755 ILCS 5/11a-5(a)(5)], would prohibit the appointment

and

(iii) who is qualified to act as guardian under §11a-5(a) of the Probate Act [755 ILCS 5/11a-5(a)].

(b) a public agency or not-for-profit corporation and is not directly providing residential services to the ward and is qualified to act as guardian under §11a-5(b) of the Probate Act of 1975 [755 ILCS 5/11a-5(b)].

(c) a corporation qualified to accept and execute trusts in Illinois and is qualified to act as guardian under §11a-5(c) of the Probate Act of 1975 [755 ILCS 5/11a-5(c)].

(d) the State Guardian, and the appointment of the State Guardian is appropriate and required because there is no individual suitable and willing to accept the Guardianship appointment.

(e) the Cook County Public Guardian who is qualified to act under §13-5 of the Probate Act [755 ILCS 5/13-5].

- 2. The Court has jurisdiction to appoint a Guardian under §§203-204 of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act (“UAGPPJA”) [755 ILCS 8/203-204] because:
 - (a) Illinois is the Respondent’s “home state” as defined in §201(a)(2) of the UAGPPJA.
 - (b) _____ is the Respondent’s “home state”, but Illinois is a “significant-connection state” as defined in §201(a)(3) of the UAGPPJA, and one of the additional requirements specified in §203(2)(A)-(B) of UAGPPJA applies.
 - (c) Illinois is not the Respondent’s “home state” or a “significant-connection state” as defined in §201(a)(2)-(3) of the UAGPPJA, but the “home state” and every “significant-connection state” have declined to exercise jurisdiction because Illinois is the most appropriate forum.
 - (d) Illinois is not the Respondent’s “home state” or a “significant-connection state” as defined in §201(a)(2)-(3) of the UAGPPJA, but the circumstances involved constitute an “emergency” as defined in §201(a)(1) of the UAGPPJA, and, as a result, the Court has “special jurisdiction” under §204(a) of the UAGPPJA.
- 3. In accordance with §11a-3 and §11a-12 of the Probate Act, by clear and convincing evidence, the Respondent is a person with a disability and:
 - (a) totally lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the care of his or her person;
 - (b) is totally unable to manage his or her estate or financial affairs;
- 4. Limited Guardianship will not provide sufficient protection for the Respondent.
- 5. The appointment of a Guardian *ad litem* _____ necessary for the protection of the Respondent or to make a reasonably informed decision on the Petition;

(was) (was not)
- 6. (a) The Respondent was present at the hearing;
- (b) The Respondent’s presence at the hearing was excused for the reason that the record shows that the Respondent _____;

(refuses to be present) (will suffer harm if required to attend)
- 7. The factual basis for the above findings of the Court was as follows: _____

IT IS ORDERED that:

- A. _____
 [printed name of the proposed Guardian]
 be appointed as Plenary Guardian of the _____ of the Respondent.
 (estate) (estate and person)
- B. **Petitioner's Name** _____
 [printed name of the proposed Guardian]
 be appointed as Plenary Guardian of the person of the Respondent.

ONE COPY

C. Letters of Plenary Guardianship issue in accordance with the provisions of this Order.

- D. i. The bond of the Plenary Guardian of the **estate** and the surety therein, be approved.
- ii. The bond of the Plenary Guardian of the **person** be approved.

- E. The Plenary Guardian of the **estate** shall appear and present:
 - i. an Inventory as required by Section §14-1 of the Probate Act and in the form prescribed by Cook Co. Cir. Ct. R. 12.9 (Sep 3, 1996) on _____ at _____ m.
(not more than 60 days after the date of this Order)
 - ii. a verified Account as required by §24-11 (a) of the Probate Act and in the form prescribed by Cook Co. Cir. Ct. R. 12.13 (Sep 3, 1996) on _____ at _____ m.
(not more than 13 months after the date of this Order)

F. The Plenary Guardian of the **person** shall file or mail a Report as required by §11a-17(b) of the Probate Act, and annually thereafter, or shall appear before the Court on _____ at _____ m.
(not more than 13 months after the date of this Order)

G. The Clerk of the Circuit Court of Cook County shall mail CCP-0214 to the Respondent at the address set forth below informing the Respondent of the Respondent's rights under §§11a-19 and 11a-20 of the Probate Act:

Respondent's Name Respondent's Name
 Street Address Respondent's street address
 City/State/Zip Respondent's city/state/zip

H. The Clerk of the Circuit Court of Cook County shall immediately notify the Department of State Police, Firearm Owner's Identification Department (FOID), and forward a copy of this Court Order to the Department of State Police, Firearm Services Bureau, 801 S. 7th Street, Springfield, IL 62703, in accordance with §11a-24 of the Probate Act.

Full Name: Respondent's name - last, first, middle Gender gender
[Last Name] [First Name] [Middle Name] (female) (male)

----> must fill Date of Birth: date of birth FOID Number if applicable (4826)

out even if no
FOID card

ENTERED:
Dated _____

Attorney Number 99500
 Name Petitioner's Name
 Firm Name _____
 Attorneys for pro se
 Address Petitioner's Address
 City/State/Zip Petitioner's city/state/zip
 Telephone Petitioner's phone
 Email _____

Judge Judge's No.

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

File No. 2018-P-

Estate of

Respondent's Name

Alleged Person with a Disability

SUMMONS FOR APPOINTMENT OF GUARDIAN OF A PERSON WITH A DISABILITY

To: Respondent's Name

Respondent's address (where they will be during the day)

Respondent's city/state/zip

You are summoned to appear at a hearing on a PETITION FOR APPOINTMENT OF GUARDIAN OF A PERSON WITH A DISABILITY to adjudge you a person with a disability and to have a Guardian appointed to make decisions for you regarding yourself or your property or both; a copy of the PETITION is attached. As the Respondent in the PETITION, you have certain rights under the law; those rights are explained in the NOTICE OF RIGHTS OF RESPONDENT which is printed on the next page of this SUMMONS.

The hearing to determine whether or not a Guardian will be appointed for you will be held on Month, day, 2017 at 11:00 a m in Room 18-- of the Richard J. Daley Center, 50 West Washington Street, Chicago, Illinois 60602.

>> Date and room number will be filled in after the case is filed

Dated: _____, _____

Clerk of Court

[Seal of Court]

TO THE OFFICER:

This SUMMONS, PETITION and NOTICE must be served on the alleged person with a disability PERSONALLY no later than 14 days before the day for appearance. The SUMMONS must be returned by the officer, or other person to whom it was given for service, with endorsement of service and fees, if any, no later than 2 days after service. If service cannot be made on the alleged person with a disability personally, this SUMMONS shall be returned so endorsed.

RETURN

I certify that on _____, _____:

- *1. I served this SUMMONS on the alleged person with a disability by leaving a copy with the person PERSONALLY and informing the person of its contents.
- *2. I was unable to serve this SUMMONS on the alleged person with a disability.

By _____, Sheriff of _____ County
_____, Deputy

* Strike if not applicable

SHERIFF'S FEE

Service and return _____ \$ _____

Miles _____ \$ _____

Total _____ \$ _____

NOTICE OF RIGHTS OF RESPONDENT

You have been named as a Respondent in a guardianship Petition asking that you be declared a person with a disability. 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:

Month, day, 2018, at 11 am m

The place where the hearing will occur is:

Room 18--, Richard J. Daley Center
50 West Washington Street
Chicago, Illinois 60602

>>List of judges on page two of the overview

The Judge's name and phone number is:

Judge Judge's name
(312) 603-6441

>> Date and room # filled in after filing

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 legal 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 HEARING IF YOU DO NOT WANT A GUARDIAN OR IF YOU WANT SOMEONE OTHER THAN 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.

Attorney Number 99500

Name Petitioner's Name

Firm Name _____

Attorneys for pro se

Address Petitioner's Address

City/State/Zip Petitioner's city/state/zip

Telephone Petitioner's phone

Email _____

ONE COPY AFTER IT IS NOTARIZED

4261 Oath And Bond Of Representative - No Surety

(Rev. 09/06/13) CCP 0313

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT - PROBATE DIVISION

Estate of

Respondent's Name _____

No. 2018-P-_____

OATH AND BOND OF REPRESENTATIVE-NO SURETY

I, Petitioner's name, on oath state that I will discharge faithfully the duties of the office of representative, and I acknowledge that I am bound to the People of the State of Illinois to the faithful discharge of those duties in an amount equal to double the value from time to time of the personal estate.

APPROVED:

_____, _____

Judge

Judge's No.

>> Petitioner signs here - must not sign until they are before the notary!!!! _____

Address Petitioner's address_____

Petitioner's city/state/zip_____

Signed and sworn to before me

Atty. No.: 99500

Name: Petitioner's Name_____

Firm Name: _____

Atty. for Representative: pro se_____

Address: Petitioner's Address_____

City/Zip: Petitioner's city/state/zip_____

Telephone: Petitioner's phone_____

_____, _____

(Clerk of Court)

(Notary Public)

ZERO COPIES

CCCP N214 (Rev. 08/16/16)

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

File No. 2018-P-

Estate of

Respondent's name

A Person with a Disability

STATEMENT OF RIGHT TO PETITION FOR TERMINATION OF
ADJUDICATION OF DISABILITY, REVOCATION OF LETTERS OF GUARDIANSHIP OR
MODIFICATION OF DUTIES OF GUARDIAN

To: Respondent's Name

Respondent's street address

Respondent's city/state/zip

You have been adjudged a person with a disability. A Guardian has been appointed for you, and the duties of your Guardian have also been determined. A copy of the ORDER appointing your Guardian is attached to this NOTICE for your information.

You have the right under §11a-20 of the Illinois Probate Act of 1975 to petition for termination of adjudication of your disability, for revocation of your Guardian's letters of guardianship of estate or person, or both, or for modification of the duties of your Guardian. If you believe that you are able to make or communicate decisions about yourself or manage your financial affairs, you may ask the Court for assistance in discharging your Guardian or modifying your Guardian's duties.

You can contact the Court by any means, including a telephone call, an informal letter or a visit; however, a written request is preferable.

The Judge's name and telephone number is: Judge Judge's name
(312) 603-6441

The Judge's name and address:

Judge _____
Probate Division, Circuit Court of Cook County
Room _____, Richard J. Daley Center
50 West Washington Street
Chicago, Illinois 60602

Attorney Number 99500

Name Petitioner's Name

Firm Name _____

Attorneys for pro se

Address Petitioner's address

City/State/Zip Petitioner's city/state/zip

Telephone Petitioner's phone

Email _____

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

ONE COPY AFTER THE DOCTOR COMPLETES

CCP N211 A (Rev. 08/16/16)

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

File No. 2018-P-

Estate of

Respondent's Name

Alleged Person with a Disability

REPORT OF PHYSICIAN

_____, a licensed physician, submits the following Report on
[printed name of the physician]

_____, an alleged person with a disability (the "Respondent"), based
[printed name of the alleged person with a disability]
upon evaluations of the Respondent performed on _____.

NOTE: The evaluations upon which this Report is based must have been performed within three (3) months of the date the Petition for guardianship is filed.

1. The following is 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, including an underlying diagnosis and a description of the manifestations of the disability:

2. The following is an analysis and the results of evaluations of the Respondent's mental and physical condition, and (if appropriate) a description of the Respondent's educational condition, adaptive behavior and social skills:

3. The following is my opinion as to whether guardianship is needed, the type and scope of the guardianship needed, and the reasons for my opinion, including whether the Respondent is **totally** or only **partially** incapable of making **personal** and **financial** decisions and if only **partially**, the kinds of decisions which the Respondent can and cannot make:

4. The following is my recommendation as to the most suitable living arrangement for the Respondent and (if appropriate) the treatment or habilitation plan for the Respondent, and the reasons for my recommendation:

Next Page

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If the description of the Respondent's mental, physical and educational condition, adaptive behavior or social skills is based upon evaluations by other professionals, all professionals preparing evaluations must also sign this Report.

5. The following are the names, addresses, certifications, licenses or other credentials, and signatures of each other person who performed an evaluation upon which this Report is based:

a. Name _____

Address _____

License (state and number) _____

Certification _____

Other credentials _____

Signature _____

b. Name _____

Address _____

License (state and number) _____

Certification _____

Other credentials _____

Signature _____

*

[signature of the physician preparing this Report]

[license (state and number)]

[address of the physician]

[city/state/zip]

[physician's telephone]

Certification _____

Other credentials _____

***This Report must be signed by a licensed physician.**