

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

**File No.** \_\_\_\_\_

**Estate of**

\_\_\_\_\_ **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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_  
(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 \_\_\_\_\_

Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Attorneys for \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_