

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

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

Estate of \_\_\_\_\_

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

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, \_\_\_\_\_  
[printed name of the Petitioner]

states under the penalties of perjury:

1. \_\_\_\_\_ (the “Respondent”),  
[printed name of the alleged person with a disability]  
whose year of birth is \_\_\_\_\_, who is 18 years or older, who resides in Cook County, and whose  
place of residence is \_\_\_\_\_

\_\_\_\_\_, is a person with a disability;  
[address/city/county/state/zip code]

2. The relationship to and interest in the Respondent of the Petitioner is \_\_\_\_\_

\*3. The reasons for the guardianship are that the Respondent is a person with a disability due to \_\_\_\_\_  
\_\_\_\_\_ and because of that disability  
[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 \$ \_\_\_\_\_ Real \$ \_\_\_\_\_;  
(b) The amount of the Respondent’s anticipated annual gross income and other receipts are: \$ \_\_\_\_\_;

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 \_\_\_\_\_

\* 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

(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 \_\_\_\_\_ 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 \_\_\_\_\_ been convicted of a felony, be  
(has) (has not)

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

\*\*\*B. \_\_\_\_\_  
[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 \_\_\_\_\_ been convicted of a felony, be  
(has) (has not)

appointed as Guardian of the person only of the Respondent.

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

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

(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.

Attorney Number \_\_\_\_\_

Name \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
[signature of the Petitioner]

\_\_\_\_\_  
[address of the Petitioner]

\_\_\_\_\_  
[city/state/zip code]

Service via Email will be accepted at:

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

\_\_\_\_\_  
Attorney Certification

**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

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

_____ [name] _____ [address] _____ [city/state/zip] _____ [relationship to the Respondent] _____ [telephone]                      [email]	_____ [name] _____ [address] _____ [city/state/zip] _____ [relationship to the Respondent] _____ [telephone]                      [email]		
Type of guardianship: Adult                      Minor Person                      Estate	Type of Power of Attorney: Property Health Care	Type of guardianship: Adult                      Minor Person                      Estate	Type of Power of Attorney: Property 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**

_____ [name] _____ [address] _____ [city/state/zip] _____ [telephone]                      [email]	_____ [name] _____ [address] _____ [city/state/zip] _____ [telephone]                      [email]
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**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]

_____ [name]      [relationship]	_____ [name]      [relationship]
_____ [address]	_____ [address]
_____ [city/state/zip]	_____ [city/state/zip]
_____      _____ [telephone]                      [email]	_____      _____ [telephone]                      [email]

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

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

<b>Dependent</b>	<b>Minor</b>	<b>Adult</b>	<b>Dependent</b>	<b>Minor</b>	<b>Adult</b>
_____ [name]      [relationship]	_____ [name]      [relationship]	_____ [name]      [relationship]	_____ [name]      [relationship]	_____ [name]      [relationship]	_____ [name]      [relationship]
_____ [address]	_____ [address]	_____ [address]	_____ [address]	_____ [address]	_____ [address]
_____ [city/state/zip]	_____ [city/state/zip]	_____ [city/state/zip]	_____ [city/state/zip]	_____ [city/state/zip]	_____ [city/state/zip]
_____      _____ [telephone]                      [email]	_____      _____ [telephone]                      [email]	_____      _____ [telephone]                      [email]	_____      _____ [telephone]                      [email]	_____      _____ [telephone]                      [email]	_____      _____ [telephone]                      [email]

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