

**ELEVENTH JUDICIAL CIRCUIT COURT  
McLean County, Illinois**

In the Matter of the Estate of \_\_\_\_\_ )  
 \_\_\_\_\_ ) Case Number: \_\_\_\_\_  
 Name of alleged disabled adult )  
 \_\_\_\_\_ )  
 Respondent, Alleged Disabled Adult )

**PETITION FOR APPOINTMENT OF GUARDIAN FOR DISABLED ADULT**

\_\_\_\_\_, the Petitioner, on oath states:  
 Name of person filing petition

1. The Respondent, Alleged Disabled Adult's name is \_\_\_\_\_, date of birth is \_\_\_\_\_ and place of residence is \_\_\_\_\_.  
 Street Address, City, County and State of Alleged Disabled Adult

2. The relationship and interest of the Petitioner to the Respondent is: \_\_\_\_\_.  
 How person filing petition is related to Alleged Disabled Adult

3. The reason for the guardianship is that the Respondent is a disabled adult due to \_\_\_\_\_, and because of such disability \_\_\_\_\_.  
 Medical reason for guardianship

- Lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the care of the Respondent's person.
- Is unable to manage the Respondent's estate or financial affairs.

4. Approximate value of the personal estate.....\$ \_\_\_\_\_  
 (Total value of bank accounts, vehicles, insurance policies, etc. as owned by the alleged disabled adult)

Approximate value of the real estate.....\$ \_\_\_\_\_  
 (Total value of all real estate owned by the alleged disabled adult)

Anticipated gross annual income and other receipts.....\$ \_\_\_\_\_  
 (Amount of Social Security, pension, employment income, etc. of alleged disabled adult)

5. The names, relationships, and post office addresses of the Respondent's guardian, if any, agent(s) appointed under the Illinois Power of Attorney Act, if any, and nearest adult relatives (Respondent's spouse, adult children, parents, and adult brothers and sisters, or if none, Respondent's nearest adult relatives) are as follows: **YOU MUST LIST ALL NEAREST RELATIVES.**

<u>Name</u>	<u>Relationship</u>	<u>Post Office Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. The name and address of the person with whom or the facility in which the Respondent is residing is:

\_\_\_\_\_
List the current address of the alleged disabled adult (include the name of the nursing home, if applicable)

7. The criminal history of the proposed guardian is as follows:

- Has not been convicted of a felony.
Has been convicted of a felony/felonies, listed below:

Table with 2 columns: Date, Offense and Sentence. Two rows of empty fields.

COMPLETE THE FOLLOWING IF NURSING HOME OR RESIDENTIAL PLACEMENT IS NEEDED

8. That pursuant to 755 ILCS 5/11a-14.1, this court may authorize the guardian to allow residential placement of a ward if the court finds that residential placement is in the best interest of the ward and is necessary to prevent substantial harm to the ward.

9. That residential placement is necessary for the ward for the following reason(s):

List reason(s) why the alleged disabled adult requires nursing home or residential placement

Petitioner requests that:

Name of alleged disabled adult be adjudged a disabled adult and that:

(a) Name of guardian, qualified and willing to act, be appointed plenary guardian of the respondent's person.

(b) Name of guardian, qualified and willing to act, be appointed plenary guardian of the respondent's estate.

(c) Name of guardian, qualified and willing to act, be appointed plenary guardian of the respondent's person and estate.

(d) That the plenary guardian of the person be authorized to place the ward in an appropriate residential facility (MARK IF NURSING HOME OR RESIDENTIAL PLACEMENT IS NEEDED).

(E) The guardianship be for the limited purpose of: Specifically list only those decisions about personal care and/or

finances which the ward cannot make

**CERTIFICATION**

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements and information set forth in this instrument are true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Print Name of Petitioner

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address

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Any person who makes a false statement, material to the issue or point in question, which he or she does not believe to be true, in any document certified by such person in accordance with 735 ILCS 5/1-109 shall be guilty of a Class 3 felony punishable by two (2) to five (5) years' imprisonment and/or a \$25,000 fine.