

STATE OF ILLINOIS

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) SS.

COUNTY OF COOK

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APPOINTMENT OF SHORT-TERM GUARDIAN

1. I, _____, currently residing at _____
_____, am a parent of the following child: _____
_____ born _____.

2. I hereby appoint the following person as the short-term guardian for my child:
(Name) _____ (Address) _____
_____.

3. This appointment becomes effective immediately upon the date that this form is signed and dated below.

4. This appointment shall terminate 365 days after the effective date, or on _____.

5. This appointment is made this ____ day of _____, 20__.

Signed: _____

6. Witnesses: I saw the parent sign this instrument, then I signed this instrument as a witness in the presence of the parent. I am not appointed in this instrument to act as the short-term guardian for the parent's child.

Witness 1 _____

Name

Address

Witness 2: _____

Name

Address

7. Acceptance of guardian: I accept this appointment as short-term guardian on this ____ day
of _____, 20__.

Signed: _____