



Center for Disability
& Elder Law

**CENTER FOR DISABILITY &
ELDER LAW**

(CDEL)

TRAINING MANUAL

***PRO SE* ADULT GUARDIANSHIP
HELP DESK**

**Richard J. Daley Center
50 West Washington Street
Cook County Circuit Clerk-Probate Division
Room 1202
Chicago, Illinois 60602**

The Pro Se Adult Guardianship Help Desk (“Help Desk”) assists pro se petitioners in preparing the petition and accompanying forms to become guardian of the person only of a disabled adult. Help Desk volunteers do not provide legal assistance or representation, but guide the visitor through the process to file and appear in court to represent themselves. At the Help Desk, volunteers are trained to only assist in uncontested guardianships of the person only. If there is an estate or a contest (more on those terms later) then we offer referrals to appropriate agencies.

This training manual provides an overview of the guardianship provisions in the Illinois Probate Act of 1975, 755 ILCS 5/ et. seq., and specific procedures for Cook County, as well as procedures for volunteering at the Help Desk.

Key terms:

Petitioner - the person seeking to become guardian of an alleged disabled person

Respondent - the person who allegedly has the disability - also called the alleged disabled person (ADP) or alleged incapacitated person (AIP). The Respondent does not become the ward until the court adjudicates the Respondent disabled.

Who needs a guardian?

The law presumes that person 18-years-old or older is an adult capable of handling his or her own affairs. To rebut that presumption, a court must adjudicate the Respondent disabled. Guardianship is an extreme measure that should be avoided if possible. Adjudication of disability strips away a person’s rights to make personal and financial decisions, and should be a measure of last resort. Section 11a-3(b) of the Probate Act states that “Guardianship shall be utilized only as is necessary to promote the well-being of the person with a disability, to protect him from neglect, exploitation, or abuse, and to encourage development of his maximum self-reliance and independence. Guardianship shall be ordered only to the extent necessitated by the individual's actual mental, physical and adaptive limitations.”

The question is not whether the person is making good or bad decisions. Competent adults are permitted to make bad decisions - we all get to be stupid on occasion! The question before the court is whether the person has the ability to make decisions - whether that person understands the decision before them, whether they understand the options, and whether they understand the consequences of that decision.

Section 11a-2 defines a person with a disability as someone who “(a) because of mental deterioration or physical incapacity is not fully able to manage his person or estate, or (b) is a person with mental illness or a person with a developmental disability and who because of his mental illness or developmental disability is not fully able to manage his person or estate, or (c) because of gambling, idleness, debauchery or excessive use of intoxicants or drugs, so spends or

wastes his estate as to expose himself or his family to want or suffering, or (d) is diagnosed with fetal alcohol syndrome or fetal alcohol effects.”

What is a contested guardianship?

If the Respondent contests either the appointment of any guardian, or appointment of the Petitioner as guardian, or if another family member or interested party contests either the petition or the Petitioner, then the guardianship is contested. An uncontested guardianship is a relatively straightforward process, and frequently filling out the forms and following all the steps prior to the court date are the most difficult part of an uncontested guardianship of the person.

However, if either the Respondent or another party contests, the guardianship proceeding becomes much more complex. All parties in a guardianship are entitled to an attorney. The court will appoint an attorney for any Respondent who contests the guardianship. Any other family member or interested party may hire an attorney to file a cross petition or contest the guardianship.

At the Help Desk volunteers are not in a position to judge whether the disability as described by the Petitioner rises to the level that a guardian is required. That is for the judge to decide after reviewing the evidence. The question we want to ask at the Help Desk is, what will the Respondent say to the court? Will the Respondent contest, and say they do not want or need a guardian? If it appears the Respondent will contest, Help Desk procedure is to provide a referral to the potential Petitioner and not offer further assistance.

Advanced directives

Guardianship is incredibly restrictive and should be a measure of last resort. Guardianship is invasive, requiring court investigation and oversight of major decision-making. Guardianship is expensive, requiring payment of court costs and attorneys' fees, often from the estate of the ward.

If a person has appointed a decision maker through valid powers of attorney for healthcare or property, a guardianship should not be necessary. Guardianship may still be necessary under some circumstances, such as if the powers of attorney were limited in some way, and the agent now needs the authority to make decisions excluded from the scope of the power of attorney; if the principal only executed a power of attorney for health care, but not for property; if the powers of attorney have been revoked but a decision maker is still needed; or if the agent is allegedly acting improperly.

If the goal of the Petitioner is to revoke existing powers of attorney then the proceeding will be contested. Under the Probate Act, a current agent under a power of attorney is entitled to notice, and would almost certainly contest revocation of his or her authority and appointment of a guardian. In these kinds of contested situations, Help Desk volunteers should provide a referral to other organization and not offer further assistance.

Advanced directives and mental health

A power of attorney for health care is always revocable, even at a time when the principal lacks capacity. If the principal has a mental illness, and the agent seeks to admit the person into a hospital or authorize administrative of psychiatric medication, the principal may revoke at that time and refuse medical or psychiatric treatment.

However, if the person with a mental illness has signed a Mental Health Treatment Preference Declaration, appointing an agent to make decisions regarding mental health treatment, then at a time of incapacity due to a mental health crisis the declaration is irrevocable.

This distinction is important in the context of guardianship because, while a guardian of the person has broad power to make medical decisions for the ward, a guardian may not force a ward to be admitted to a mental health facility, and may not force a ward to take psychiatric or psychotropic medication. In the absence of a mental health treatment preference declaration, only the State of Illinois may order such treatment under the Mental Health Act.

Thus, a guardianship petition is unlikely to be a suitable solution where the person with a disability is suffering a mental health crisis. The person with a mental illness will almost certainly contest, and even if the guardian were appointed, they would still not be able to order the ward to receive the necessary treatment. In cases where the Petitioner seeks help for a loved one suffering a mental health crisis, Help Desk volunteers should not assist with the petition and instead provide appropriate referrals.

Who can serve as a guardian?

Guardianship proceedings are a two part process. First, the court determines whether the person's disability leaves them incapable of making personal and financial decisions. Second, the court determines whether the proposed guardian is appropriate under the requirements of Section 11a-5 of the Probate Act.

A person may serve as guardian if the person is at least 18 years of age, is a resident of the United States, is of sound mind, has not been adjudicated disabled, and has not been convicted of a felony. A person with a felony conviction may still be appointed if the court determines that

despite the felony conviction it is still in the best interest of the Respondent for the guardian to be appointed, after considering the nature of the offense, the date of the offense and evidence of rehabilitation, and the felony is not an automatic bar under the Probate Act. No person shall be appointed who has been convicted of a felony involving harm or threat to a minor or an elderly or disabled person, including a felony sexual offense.

At the Help Desk, we are not in a position to judge whether a person with a felony conviction will still be an appropriate guardian. We encourage anyone with a felony conviction to talk to a lawyer before proceeding.

The statute is silent as to whether resident of the United States requires legal residency. Most judges appear to interpret the statute as requiring physical residency only and do not ask whether the Petitioner is legally in the United States. However, at the Help Desk, if the Petitioner is not legally in the United States, we recommend that they consult with an attorney before petitioning.

A public agency or not-for-profit corporation may serve as guardian of the person or estate. A bank or financial institution may serve as guardian of the estate. A residential facility where the ADP lives cannot serve as guardian.

When no other appropriate guardian is available, there are two public agencies that may serve as a guardian. The Office of the State Guardian accepts appointment as guardian for Respondents with estates less than \$25,000, and the Office of the Public Guardian accepts appointment for Respondents with estates greater than \$35,000. OSG and OPG are agencies of last resort, and if there are appropriate and willing family or friends, then OSG/OPG generally will step aside.

Types of guardianship

Plenary guardianship. Used where the Respondent is totally incapable of making personal and financial decisions, giving the guardian power of make all important decisions regarding personal care and finances. May be plenary guardianship of the person, estate or both.

Limited guardianship. Used where the Respondent can make some but not all personal and/or financial decisions, giving the guardian power to make only those decisions that cannot be made by the ward. The powers of the limited guardian must be specifically listed in the court's order, and all other decisions fall to the ward. May be limited guardianship of the person, estate or both.

Guardianship of the Person. Used where the Respondent, because of his or her disability, lacks sufficient understanding or capacity to make or communicate responsible decisions regarding the care of the person. A guardian of the person may make limited financial decisions, especially if

a guardianship of the estate is not necessary. The guardian of the person must mail a written report to the court each year informing the court on the status of the ward, but does not need to appear in court each year.

Guardianship of the Estate. Used where the Respondent, because of his or her disabilities, is unable to manage his estate or financial affairs. There is no bright line as to how much income or assets rise to the level where a guardianship of the estate is necessary. At the Help Desk, as a rule of thumb, any annual income or assets over \$10,000 will probably trigger the need for a guardian of the estate. But that is not a hard rule and it is at the discretion of the judge whether a guardian of the estate is necessary for the protection of the Respondent.

When calculating an estate, any governmental income is considered exempt and not counted towards an estate. If the Respondent receives social security or supplemental security (SSR, SSDI or SSI), veteran's benefits or railroad retirement benefits, those funds are considered exempt, because they are already subject to federal oversight. Any interest in real property, even if it is a partial interest or mortgaged, will require a guardianship of the estate. Income and asset information must be included on the petition, and the Petitioner must have this information available in order to complete the petition.

When a guardianship of the estate is required, the Petitioner will need an attorney. The Petitioner will need to post a surety bond, and will need to go to court annual to provide an accounting of the estate. Most judges require an attorney on such cases, to make sure that the accounting is correct. If a guardianship of the estate is necessary, the Help Desk will not assist, and the Petitioner should seek the services of an attorney.

Temporary guardianship. Used in an emergency, and must be filed with or after the plenary petition is filed. Temporary guardianships last only 60 days, and can only be obtained if immediately protection is necessary.

Successor guardianship. Used where the original guardian has died, become disabled, or resigned, but where the guardianship is still necessary. Someone will need to file a Petition to Appoint a Successor Guardian. The procedure is essentially the same, but with fewer documents needed. There is no need to serve the ward, but notice must still be sent to the families. See the memo on appointment of a successor guardian later in the training materials.

The guardianship process

Venue. The guardianship must be filed in the county where the Respondent resides. If the Respondent resides outside of Cook County, the Petitioner must go to the county or state where

the Respondent resides to petition. After appointment, the Petitioner may then ask the court to transfer the guardianship to Cook County so that they can then move the ward to Cook County.

Summons and Notice. The Respondent must be served with a summons before the court has personal jurisdiction over the Respondent. Service by the sheriff or special process server is necessary even if the Respondent is not conscious or lacks capacity to understand. If the Respondent is with the Petitioner at the Daley Center that day, they can ask for counter service in the courthouse. The clerk in the sheriff's office will have a deputy serve the Respondent that day. It is on \$50 for counter service, or \$60 if the sheriff has to go out. The address listed on the summons should be the address where the Respondent will be present approximately two weeks after the petition is filed.

Notice of the petition must be mailed or hand delivered to the Respondent's nearest adult family members. The petition includes a three page 'Exhibit A' where the Petitioner must list Respondent's nearest blood relatives. Each person on Exhibit A must be mailed or delivered a copy of the petition with a notice of motion informing them of the hearing date. The family members do not need to come to court, but the Petitioner must bring copies of the notices to court to show the judge that notices went out to each person. Additional instructions on how to fill out Exhibit A are included with the sample forms.

Filing fees and fee waivers. In addition to the cost for service of summons, the filing fee to initiate a petition for appointment of guardian for a disabled adult is \$168.00. If the *Petitioner* is unable to pay the filing fee, then the *Petitioner* may ask the court for a fee waiver. Note the emphasis on the Petitioner - the Petitioner is the party asking the court for relief, and the filing fees are the responsibility of the Petitioner. Even if the Petitioner is purportedly acting to try to help the ADP, they are still responsible for the fees, even if the ADP would be unable to pay. Furthermore, any additional costs, such as GAL fees or witness fees, are the responsibility of the Petitioner if the Respondent does not have an estate.

Age. Many families with children with developmental disabilities want to be proactive in seeking guardianship as soon as possible, and may arrive at the Help Desk months before the ADP's 18th birthday. However, the court cannot rule on the petition until the Respondent is 18 years old, and the Respondent must be 18 years old to be personally served. So the earliest a Petitioner should file is approximately two weeks before the Respondent's 18th birthday.

Report of Physician. The most important piece of evidence the court will consider is the report of physician. The form provides the answer to the most important question - is the Respondent fully or partially incapable of making personal and financial decisions? If the report says that the person is fully incapable, then a plenary guardianship is appropriate. If the report says that the person is partially incapable, then a limited guardianship may be appropriate. Or, in the

alternative, if the person is partially capable of making decisions, they may be able to execute advanced directives and avoid the restrictions of guardianship.

The form must be completed by an M.D. or D.O. licensed in the state of Illinois. A psychologist, physician's assistant, nurse, or social worker cannot fill out the report, although the doctor may rely on reports from other professionals when completing the report. The report must be current - if the report is older than three months from the date of filing the petition, the report is considered stale and the Petitioner will need to obtain a fresh report. The Petitioner does not have to have the report completed when they file, but they must have the report by the hearing date. The Petitioner must have the original report that was signed by the doctor for the hearing.

Guardians ad litem (GAL). The Probate Act requires appointment of a guardian ad litem, unless the judge determines that a GAL is not necessary for the protection of the ward or to make a reasonably informed decision on the petition. The GAL acts as the eyes and ears of the court. The GAL conducts a home visit, meets with the ADP to explain both the petition and the ADP's rights under the law, interviews the Petitioner and any other parties for relevant information, then prepares a written report which is filed with the court, making a recommendation on whether the guardianship is necessary, and whether the Petitioner is an appropriate guardian.

Generally, in Cook County, if the Respondent appears in court for the hearing then the judge will waive appointment of a GAL. If the Respondent cannot be present, or if either the Respondent or another party contests, then a GAL will be appointed. In Cook County, GALs are practicing attorneys, and in an uncontested case requiring a single report and hearing, the fee will usually be around \$1,000. If the Petitioner qualifies for fee waivers, the petition may ask for a pro bono GAL. But if the Petitioner does not qualify, and a GAL is necessary, the Petitioner is responsible for that fee. In an uncontested matter, the Petitioner should make every effort to bring the Respondent to court for the hearing.

Timing. Generally, the hearing date will be scheduled 4-5 weeks after the date of filing the petition. This gives the Petitioner time to send notices to family members, obtain the report of physician, and for the sheriff to serve the summons.

Emergencies and temporary petitions. In the event of an emergency, a Petitioner may file a Petition for Appointment of a Temporary Guardian. A petition for temporary guardian can only be filed with or after a plenary petition has already been filed. The petition must clearly state the immediate need for a guardian, and it must be a specific reason apart from the need for a guardian generally.

In Cook County, after the temporary petition is filed the Petitioner can go before the judge immediately to ask for a hearing date. If the Petitioner does not have the doctor's report yet, the

judge may not set a hearing date until report is completed so that the judge can review the report. By local Cook County Rule 12.6, the Petitioner must give three business days' notice of the hearing to all persons listed on Exhibit A. A guardian ad litem will be appointed, who will be given 48 hours to conduct a home visit and prepare a report for the judge.

Emergencies and contests. If there are allegations of physical or financial abuse, a guardianship petition may not be the most expedient way of getting help for the alleged disabled person. In these kinds of situations, the Petitioner may not have access to get the Respondent to the doctor, and there may be a need for more immediate help, especially if the alleged disabled person and the alleged abuser live together.

When there are allegations of abuse, we do not recommend that the visitor file a guardianship petition. The visitor may want to contact the police or adult protective services, or ask for an emergency order of protection on behalf of the ADP. The Domestic Violence Legal Clinic at the Domestic Violence Courthouse on 555 W. Harrison is a better resource to obtain immediate protection in the event of an emergency. There is a list of resources on the referral sheet provided to visitors which may provide better alternatives than guardianship.

How to file?

In Cook County, e-filing is mandatory. Non-attorneys may be exempted from e-filing, if they have (1) No computer or Internet access in the home and travel presents a hardship (financial or otherwise); (2) Disability (as defined by the ADA) that prevents e-filing; (3) Low literacy; or (4) Limited English proficiency. If any of these apply, provide a copy of the exemption certification to the filer.

After the Petitioner completes his or her forms with the assistance of Help Desk volunteers, the Petitioner can use the computers in the clerk's office in room 1202 or go to LL-12 for assistance registered for e-filing, scanning and uploading their documents, and filing the case. There is a separate instruction sheet provided to the Petitioner at the Help Desk.

On the court date. The Petitioner and the Respondent should arrive at the courthouse around 10:45 am for the 11:00 am hearing call. The Petitioner should bring all documents prepared at the Help Desk, as well as the copies listed on the post-filing instruction sheet. They should find their line number on the bulletin board outside of the courtroom, and then check in with the courtroom clerk. The clerk will take their forms. When their case is called, they will go before the judge.

The judge will first talk to the Respondent, asking whether they understand why they are present, explaining the purpose of the petition. Once the judge has questioned the Respondent, the judge

will ask the Petitioner four questions - are they over 18, have they been adjudged disabled in a proceeding such as this one, do they reside in the United States and have they been convicted of a felony? If the judge has no further questions after that, then the judge will rule on the petition and appoint the Petitioner Guardian.

The guardianship will remain in place for the rest of the ward's life, or until the guardianship is modified or terminated. After the guardian is appointed, the court clerk mails a copy of the Statement of Right to Petition for Termination of Adjudication of Disability, Revocation of Letters of Guardianship or Modification of Duties of Guardian. If in the future the ward wants to modify or end the guardianship, then they can contact the court, which should trigger a full hearing.

A guardian of the person is required to mail an annual report to the court each year. If the guardian wants to move the ward to a different state or county, the guardian must get permission from the court. If major decisions need to be made, then the court may have to approve those decisions. If the guardian wants to force the ward into a residential facility, the judge had to approve that decision. As previously stated, guardianship is highly restrictive, and ultimately the judge may have the final say, not the guardian.

GUARDIANSHIP HELP DESK SCREENING FORM

Date: _____ Time: _____ Volunteer: _____

Before we begin, I need to explain:

- I am a volunteer and I can only provide information about the procedure for filing a guardianship;
- I cannot give legal advice and I cannot represent you in court; further, nothing you tell me is confidential;
- I am only trained to assist in simple, uncontested cases where there is no estate involved;
- I first need to ask you some screening questions to determine if this is a case where I can offer assistance.

- What is your relationship to the person you believe needs a guardian? _____
- Have you (petitioner) been convicted of a felony? Yes No
- Are you (petitioner) a legal resident of the United States? Yes No
- Have you previously received/currently received help from an attorney in this matter? Yes No

- Why does this person need a guardian?
 Mental Health Dementia Physical Health Developmental Disability Other
- How old is this person? _____
- Is there a prior or current guardianship case? Yes No
- Has this person ever drafted powers of attorney? Yes No
- Is this person a resident of Cook County? Yes No
- Does this person own any real property? Yes No
- Does this person have any other assets? Yes No If yes, value of assets: \$ _____
- Does this person have any income? Yes No
→ If yes, what is the source of that income? Pension SSA Retirement SSI/SSDI
→ If yes, what is the amount? \$ _____/month \$ _____/year

What led you to seek guardianship today? [Check all that apply]

- Needs help making health care decisions Needs help making financial decisions
- Allegations of physical or mental abuse Allegations of financial abuse
- Acute medical event → If yes, what was event? _____
- Someone recommended guardianship → If yes, who recommended? _____

- Will this person contest the guardianship?
(Will this person object to having a guardian?) Yes No
- Will this person contest your appointment as guardian? Yes No
- Will a family member or friend contest this case? Yes No

ACTION TAKEN – This section MUST be fully completed by the volunteer, do not leave blank!

1. Assistance needed with a new case pending case case where guardian already appointed
2. Can the applicant safely file pro se? Yes No Why not? _____
3. Assistance given: Helped w/ pleadings Referral If Referral, info given: _____
4. Did applicant file today? Yes No If No, why not? _____

COMMON SCENARIOS

1. The prospective petitioner either has a felony conviction or is not a legal resident of the United States – we cannot assist and recommend that they seek the advice or representation of an attorney before proceeding.
2. Any interest in real property includes – a partial interest in land or real estate, even if the petitioner is co-owner; when real estate subject to a mortgage or reverse mortgage; even when the property is underwater or without significant market value; even when the property is vacant and the respondent does not reside there. If there is an interest in real property the petition needs to contact an attorney.
3. Any income over \$10,000 a year that is not subject to federal oversight (social security, SSI/SSDI, VA benefits, Railroad Retirement benefits) requires an estate guardian. This includes government pensions from the city/state or federal government, annuities, etc.
4. If the respondent does not live in Cook County, the petition cannot be filed in Cook County.
5. If the respondent is not 18 (or within approximately 2 weeks of turning 18) the petitioner needs to come back.
6. If OSG (Office of the State Guardian) is already the guardian, we can assist if OSG is not contesting the successor petition. We should ask the prospective petitioner why OSG has been appointed, and why the person at the desk was not asked to step in at the time the guardianship was filed. OSG generally will not take appointment if there is another suitable guardian available.
7. Co-guardians are acceptable, but not more than two guardians. Both prospective co-guardians must be present, so that they can both sign the petition, and both must otherwise qualify to petition.
8. Adding a co-guardian – the guardian can ask the court to modify the guardianship and add another person as a co-guardian. As long as they otherwise qualify, we can assist – use the instructions for successor guardianship, but instead of successor, “add co-guardian.”
9. If the prospective petitioner is unable to read or write, we cannot fill out the forms for them. This crosses the line from providing information to providing representation. The person is representing themselves, the forms are the petitioner’s forms and they must be able to complete them themselves in order to qualify for assistance from the Help Desk.
10. We do not assist with cross-petitions for guardians at the Help Desk. By definition, a cross-petition is a contested proceeding and we cannot assist.
11. We are not a general probate help desk. If people have questions about something other than adult guardianship, please tell them that you are unable to assist, and that you are only trained/authorized to assist with guardianship petitions.
12. If someone is relocating from another state where a guardian has already been appointed, a new case in Cook County will still need to be filed. The guardian in the other jurisdiction should have gotten permission from the prior state before moving the ward, but if they did not leave that issue for the judge. As long as the visitor meets our qualifying criteria, we can still help them with the new petition.
13. Anyone returning to the desk needing additional assistance beyond the initial filings and the initial court date needs to be given the referral flyer. I know you have the experience to help someone navigate additional filings, but we need to have consistent service. The last thing I want is for the same person to come back two days later and have a first year law student there with no idea what to do and the visitor is upset because we helped them before.

Pro Se Adult Guardianship Help Desk **Frequently Asked Questions**

When is a Guardian of the Estate necessary?

A guardian of the estate may be needed if the person who needs a guardian owns real property (a house or other real estate) or who has income or assets requiring an estate be opened. When a guardian of the estate is necessary, many judges require a petitioner to have a lawyer. We recommend that you seek the services of an attorney before proceeding on an estate guardianship.

What does a contested proceeding mean?

A case is contested if:

- The alleged disabled person will object to the guardianship petition;
- The alleged disabled person will object to the petitioner being the guardian;
- A relative, power of attorney or current guardian will object to the petition;
- Someone else has already filed a guardianship petition, and another person wants to file a cross-petition for guardianship.

In contested guardianships, you probably will be required to prove up the respondent's disability or prove up why you should be guardian instead of someone else. "Prove up" means that the court holds a full evidentiary hearing. Because this is a longer and more complicated process, the Help Desk does not offer assistance in contested guardianships, and recommends that you seek the advice of an attorney.

Why do I have to wait until the person with a disability turns 18 years old?

The law presumes that once a person turns 18 they are an adult and can make decisions for themselves. This is true even if a person has a severe disability. Parents or caregivers need to become the legal guardian to be able to continue to make decisions.

In a guardianship case, the alleged disabled person must be served with a summons about two weeks before the court date. The sheriff can only serve people who are 18 years old. So you need to wait until about two weeks before the 18th birthday to file. This does mean there will be a small gap of time where the person is 18, but does not have a guardian. In most cases this will not be a problem.

Help Desk volunteers do not offer assistance with such petitions until the alleged disabled person is already or about to turn 18.

What if I have committed a felony?

A felony conviction does not always prevent a person from becoming guardian. The judge will decide whether a person with a felony conviction is still appropriate, depending on the type of felony, how long it has been since the conviction, and other factors surrounding the person's criminal history. Our volunteers at the help desk are not equipped to assess whether someone should proceed despite the conviction, and recommend that you seek legal counsel before filing.

Referral Information

What We Do

The Guardianship Help Desk assists pro se petitioners file for guardianship over disabled adults. Help Desk volunteer are trained to help in simple, uncontested cases where a guardian of the estate is not necessary. Volunteers can only help fill out the paperwork and direct petitioners where to go to file; they cannot give legal advice. If a case requires an estate guardian, or may be contested, it can become very complicated. Help Desk volunteers are not trained to assist in complex cases. In those cases we refer to other organizations that might be able to offer assistance.

Referrals

Chicago Bar Association at 312-554-2001

Chicago Legal Clinic at 773-731-1762

Illinois State Bar Association at 800-922-8757

Center for Disability & Elder Law at 312-376-1880

Guardianship Services Associates at 708-386-5398

CARPLS at 312-738-9200

Justice Entrepreneurs Project at 312-546-3282

Illinois Legal Aid Online at
www.illinoislegalaid.org

Chicago Volunteer Legal Services at 312-332-1624

Mental Illnesses

Many petitions for guardianship involve people who have mental illnesses. However, a guardian cannot involuntarily commit someone to a mental health facility or force someone to take psychiatric medications. Only the State of Illinois can, by petitioning the court for a mental health writ.

For additional information on the procedure for obtaining a mental health writ, you may want to contact:

- Mental Health Pro Bono Panel at 312-767-7013 or mentalhealth@cdelaw.org.

This panel provides referrals to attorneys who can provide information and advice on this process, but does not guarantee representation or other direct legal services.

- State's Attorney of Cook County, Seniors and Persons with Disabilities Unit
69 W. Washington, Suite 3130, Chicago, Illinois 60602; phone: (312) 603-8600

Emergencies

If you believe that someone is being financially or physically abused, you may want to call:

Social Security Fraud Hotline at 1-800-269-0271 or 1-800-772-1213

Chicago Department of Family & Support Services at 312-744-4016

Illinois Department on Aging Help Line at 1-866-800-1409

Cook County Domestic Violence Courthouse, 555 W. Harrison, Suite 1900, phone: 312-325-9155

REFERRALS FOR POSSIBLE REPRESENTATION BY AN ATTORNEY IN AN ADULT GUARDIANSHIP PROCEEDING

The following Legal Aid Organizations may represent PETITIONERS:

CENTER FOR DISABILITY & ELDER LAW (Guardian of the person only, no estates or contests)

205 W. Randolph Suite 1610

Chicago, IL 60606

Phone: 312.376.1880

Fax: 312.376.1885

E-mail: info@cdelaw.org

Web Address: www.cdelaw.org

May represent Petitioners in proceedings for appointment of a personal guardian for an adult person who is disabled. Income eligibility criteria apply. CDEL does not represent petitioners seeking appointment of a guardian of the estate; and/or in a guardianship proceeding if there is reason to believe the petition will be contested.

CHICAGO LEGAL CLINIC

2938 E. 91st Street

Chicago, IL 60617

Phone: 773.731.1762

Fax: 773.731.4264

E-mail: INFO@CLCLAW.ORG

Web Address: www.clclaw.org

May represent Petitioners in proceedings for appointment of a guardian of the person and/or the estate for an adult.

CHICAGO VOLUNTEER LEGAL SERVICES (CVLS)

33 N Dearborn St #400

Chicago, IL 60602

Phone: 312.332.1624

Fax: 312.332.1460

E-mail: cvls@cvls.org

Web Address: www.cvls.org

May represent Petitioners in proceedings for appointment of a guardian for the person and/or the estate of an adult where the estate is small. May also represent Respondents.

The following Legal Aid Organizations may represent RESPONDENTS:

EQUIP FOR EQUALITY

20 North Michigan Avenue, Suite 300 (Main Office)

Chicago, IL 60602

Phone: 312.341.0022

Phone: 800.537.2632

Fax: 312.341.0295

TTY: 800.610.2779

E-mail: contactus@equipforequality.org

Web Address: www.equipforequality.org

May represent alleged disabled persons named as Respondents in proceedings for appointment of a guardian of the person and/or the estate; and a person who has been adjudicated disabled person and has had a guardian appointed, but who objects to the adjudication and/or the guardian.

LEGAL ASSISTANCE FOUNDATION OF METROPOLITAN CHICAGO

111 W. Jackson Boulevard, Suite 300

Chicago, IL 60604

Phone: 312.341.1070

Fax: 312.341.1041

E-mail: wwinter@lafchicago.org

Web Address: www.lafchicago.org

May represent an alleged disabled person named as the Respondent in a guardianship proceeding who seeks to object to the Petition or a person who has been adjudicated a disabled person and has had a guardian appointed, but who objects to the adjudication and/or the guardian.

NOTE: Legal Services Organizations serve various clientele. An organization's service region may be limited by geography, for example, the City of Chicago, or Cook County. Most of these organizations also have criteria to determine if a person is eligible for services. These criteria may include income. In some cases, fees may be charged for these services. Information regarding services and individual representation must be obtained from the Legal Service Organization.

PUBLIC ENTITIES THAT MAY BE APPOINTED AS GUARDIAN FOR AN ADULT DISABLED PERSON

PUBLIC GUARDIAN OF COOK COUNTY

Robert F. Harris
Adult Guardianship Division
Charles P. Golbert, Deputy
69 West Washington Street, Room 700
Chicago, IL 60602
Phone: 312.603.0800
Fax: 312.603.9946
Web Address: www.publicguardian.org

The Public Guardian may be appointed guardian of the person and/or the estate for a disabled adult who has assets of at least \$25,000, if there is no family member willing and able to act as guardian.

GUARDIANSHIP & ADVOCACY COMMISSION

Office of State Guardian
P.O. Box 7009
Hines, IL 60141
Phone: 866.274.8023
Phone: 708.338.7500
Fax: 708.338.7505
TTY: 866.333.3362
Web Address: www.state.il.us/igac

The Office of State Guardian may be appointed guardian for residents of Illinois with less than \$25,000 in assets, if there is no family member willing and able to act as guardian.

LAWYER REFERRAL SERVICES

Referrals to a LEGAL SERVICE ORGANIZATION or a PRIVATE ATTORNEY

COORDINATED ADVICE AND REFERRAL PROGRAM FOR LEGAL SERVICES (CARPLS)

Phone: 312.738-9200 (English)
Phone: 312.421.4478 (Spanish)

CARPLS is Cook County's legal aid hotline. CARPLS' attorneys can provide legal advice, instructions and materials for simple legal matters which persons wish, or need, to handle themselves. For more complicated legal matters, CARPLS will try to refer you to an appropriate legal services program which provides services in the legal area you require.

CHICAGO BAR ASSOCIATION LAWYER REFERRAL SERVICE

321 South Plymouth Court, 6th Floor
Chicago, IL 60604
Phone: 312.554.2001
Fax: 312.554.2054
Email: info@chicagobar.org
Web Address: www.chicagobar.org

The Lawyer Referral Service makes referrals to private attorneys with experience in over 50 areas of law. **The referral service may be contacted either by phone, or via the website.** No persons who "walk-in" will be provided with referrals. The attorneys are located throughout Chicago and the surrounding suburbs. A \$30 fee is charged at the initial consultation with the attorney which is used toward the operating costs of the referral service. Referrals are made to private attorneys who charge regular fees to handle cases-no referrals are made to attorneys to provide legal services pro bono or at a reduced rate.

ILLINOIS STATE BAR ASSOCIATION- LAWYER FINDER SERVICE

Phone: 217.525.5297
Phone: 800.922.8757 (toll free)
Web Address: www.isba.org
Web Address: www.illinoislawyerfinder.com

The Illinois Lawyer Finder phone service makes referrals to private attorneys in a specific geographic location and with experience in a specific type of legal problem. Users of the service are responsible for contacting the attorney and making an appointment. There is a \$25 charge for the first one-half hour consultation with the lawyer. If any further service is to be provided, fees must be determined with the lawyer.

GUARDIANSHIP SERVICES ASSOCIATES

41 A South Boulevard
Oak Park, IL 60302-2720
Phone: 708.386.5398
Fax: 708.386.5070
Web Address: None

Guardianship Services Associates (GSA) is a non-profit social service agency which provides a number of services related to guardianship, including private attorney representation in guardianship proceedings. Representation is a fee-based; however, attorneys' fees charged may be less than those charged by other attorneys. GSA may provide representation in proceedings for appointment of both a guardian of the person and/or the estate; in emergency proceedings, as well as in proceedings which are contested.

REFERRAL FOR POTENTIAL GUARDIANS or APPOINTED GUARDIANS WHERE THE DISABLED PERSON HAS A MENTAL ILLNESS AND REQUIRES INVOLUNTARY ADMISSION TO A MENTAL HEALTH HOSPITAL AND/OR INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC MEDICATION

These decisions are outside the authority of a plenary guardian. Procedures for involuntary admission or medication are established under the Mental Health Code. If you have potential pro se petitioners or current guardians who require information about this process and the requisite procedures, they can be referred to:

STATE'S ATTORNEY OF COOK COUNTY, ILLINOIS

Seniors and Persons with Disabilities Unit
69 W. Washington Street, Suite 3130
Chicago, Illinois 60602
312.603.8600 (general/phone)



WHEN IS AN ESTATE GUARDIAN REQUIRED?

General Rule: If the respondent has income and/or personal property valued at \$10,000 or less, appointment of an estate guardian is not required.

Example: Respondent has income from a private pension of \$3,000/yr., and a total of \$2,500 in a checking and saving accounts, total is less than \$10,000
- No estate guardian required.

Exception to Rule: Respondent receives benefits from the Social Security Administration (including retirement, disability (SSDI) or supplemental security (SSI) benefits); Railroad Retirement benefits (administered by the SSA); or Veteran's Benefits. Income from a governmental source is not counted as part of the "personal estate" potentially subject to the jurisdiction of the court.

Example 1: Respondent receives \$15,000/yr., in Social Security Retirement benefits and has a total of \$6,500 in a checking and savings account. Non-governmental less than \$10,000. No estate guardian required.

Example 2: Respondent receives \$15,000/yr. in Social Security Retirement benefits; \$4,800/yr. from a private pension; and, has a total of \$6,500 in a checking and savings accounts. Pension + cash assets are more than \$10,000. Estate guardian required.

Real Property [Real Estate]: If Respondent has ANY interest in real estate: sole title; tenant in entirety or joint tenant (right of survivorship); tenant in common; or designated beneficiary of a land trust holding legal title, then an estate guardian is required. It makes no difference whether the property is mortgaged; valued at less than amount due on the mortgage; in "tear-down" condition, etc., if Respondent holds any present interest in real estate-an estate guardian is required.

APPOINTMENT OF A GUARDIAN AD LITEM

Probate Act:

The Act provides that a Guardian Ad Litem (GAL) shall be appointed in every proceeding. The role of the GAL is to act as the “eyes and ears of the court.” The GAL is not an advocate or attorney for the Respondent. However, the Act is interpreted to allow the judge discretion as GAL appointment, a finding by the judge, based solely on review of the Petition, that appointment of a GAL is not necessary for the protection of the disabled person or for a reasonably informed decision on the petition.

A number of factors are taken into consideration when the decision is made, including: relationship of petitioner to respondent; where the respondent is living at the time of the petition; nature of the disabling condition; whether the respondent has an estate; and, whether the respondent will be present at the hearing on the petition. The fact that the Respondent will attend the hearing is not the determining factor-just one of the factors considered.

Pro Se Petitioners should be informed that:

- **They should arrange to have the Respondent in court for the hearing if at all possible.**
- Petitioners **must** indicate on the petition whether the Respondent will appear in court and provide a copy of the Order Appointing Guardian Ad Litem to the clerk.
- If the Petition indicates that the Respondent will not be in court, a GAL will be appointed immediately.
- The judge may appoint a GAL at the initial hearing and continue hearing on the Petition to a further date if the judge decides it is necessary.
- GAL's are attorneys-the general rule is that they charge fees for their services. The fees are based on an hourly rate; vary with the amount of time required; and, are subject to court approval before payment; however, the **Petitioner is responsible for payment of any GAL fees that are authorized if the Respondent does not have assets/an estate.**
- Chicago Volunteer Legal Service (CVLS) has a program through which volunteer attorneys are trained; appointed and act as GAL's, pro bono. If the Petitioner qualifies for a Fee Waiver Judges generally note this and appoint a volunteer GAL who will not charge. However, this does not always happen and Petitioners may be responsible for paying for these fees, even if they received a waiver.

OVERVIEW OF THE PROCESS

[DO NOT GIVE THIS FORM TO PRO SE PETITIONERS-FOR VOLUNTEER USE ONLY]

1. Petitioner obtains forms packet from clerk at counter-7a for Adult Guardianship
Ask Petitioner if they intend to apply for a fee waiver, they also request the forms at counter 7a
2. Petitioner completes all **necessary** forms in the packet (see example)
[Remove: **Oath and Bond of Representative-Surety**]
 - a. Probate Division Cover Sheet
 - b. Petition for Appointment of Guardian and Exhibit A (Five pages)
 - c. Order Appointing Plenary Guardian (Two pages)
 - d. Order Appointing Guardian *Ad Litem*
 - e. Summons and Return (Two pages)
 - f. Notice of Rights of Respondents
 - g. Oath and Bond of Representative – No Surety
 - h. Statement of Right to Discharge
 - i. Report
 - j. Notice of Motion (Form is in folder, give **one** copy to Petitioner, they can make copies for each person on Exhibit A)
3. **Do not have Petitioner sign Oath and Bond at this point – but they can sign the Petition**
4. If the Petitioner is going to request a waiver – Application for Waiver of Court Fees.
 - a. Complete **required income, asset, and financial information based on PETITIONER's information NOT based on Respondent information. The Petitioner is asking the court for the guardianship, even if it for of the alleged disabled person**
5. **Provide a copy of the post-filing instructions with sample notice of motion, as well as an instruction sheet for copying and fee waivers if applicable.**
6. Petitioner goes to notary (table outside elevator on 12th floor) – Cost \$1.00 per page
 - a. Petitioner signs **Oath and Bond – No Surety** in front of Notary
7. Petitioner goes to Law Library on **29th Floor** to make the following copies: [# of copies shown]
 - a. Application for Fee Waiver (**if waiver to be requested**) = 3
 - b. Probate Division Cover Sheet = 0
 - c. Petition for Appointment of Guardian with Exhibit A = 5 [+ # people on Exhibit A]
 - d. Order Appointing Plenary Guardian = 1
 - e. Order Appointing Guardian *Ad Litem* = 1
 - f. Oath and Bond of Representative – No Surety = 1
 - g. Statement of Right to Discharge = 0
 - h. Summons for Appointment and Return = 2
 - i. Notice of Rights of Respondents = 3
 - j. Report = 1 (But only after filled out – just let Petitioner know they will need copy)
 - k. Notice of Motion for each person listed on Exhibit A [1 copy for each person listed – these copies can be made later once the court date info is filled in]
8. **If person is requesting a waiver** follow instructions below, if not, skip to **step 8**.
 - a. Petitioner takes **Application and draft order** to the **18th Floor (courtroom changes day to day, but always on 18th floor)**
 - b. **Petitioner must have a valid ID with their current address to apply**
 - c. Petitioner waits for Judge or Judge's Clerk to review **Application**

- c. If approved, Petitioner will receive a stamped **Order** granting waiver of court fees
 - d. If approved, return to law library and make **2 copies of the Stamped Order**.
 - e. Petitioner returns to Room 1202 **with original and copies**.
9. Staple together the following packets:
- a. Each five page Petition and Exhibit A
 - b. The two page Order Appointing Plenary Guardian
 - c. The two page Summons and Notice of Rights
10. Petitioner goes to **Counter 1A** and gives the clerk the **originals** and **copies** of the following: [and pays **Filing Fee of \$168.00 (Cash or Check)**, if applicable]
- a. Probate Division Cover Sheet – No Copies
 - b. Stamped Order-approving waiver of fees (if approved) – 2 Copies
 - c. Petition for Guardian w/ Exhibit A – 4 Copies (**5 stapled packets, 1 original plus 4 copies**)
 - d. Order Appointing Guardian Ad Litem – 1 Copy (The Clerk will ask if the Respondent will attend the hearing and this information will also be on the petition)
11. Clerk will stamp copies and assign: [Pink sheet with information]:
- a. Case Number and calendar [Pink sheet]
 - b. Court date, time and courtroom #[Pink sheet]
 - c. Judge's Name
 - Honorable Aicha Marie MacCarthy - Courtroom 1810, Calendar 10
 - Honorable Jesse Outlaw - Courtroom 1812, Calendar 12
 - Honorable Daniel R. Degnan - Courtroom 1809, Calendar 13
 - Honorable Shauna Boliker - Courtroom 1804, Calendar 15
 - Honorable Kathleen M. McGury - Courtroom 1811, Calendar 16
12. Petitioner returns to desk, sits and writes in:
- a. The **case number** is inserted above Docket in the upper right hand corner of **all of the forms**
 - b. The **hearing date, time, Judge's name, and court room** on the following originals and copies:
 - i. Summons for Appointment of Guardian for Disabled Person (p. 1 of Summons)
 - ii. Notice of Rights of Respondent (p. 2 of Summons)
 - iii. Notice of Motion
 - c. **Judge's name and courtroom** on Statement of Right
13. Petitioner goes to counter **7A** and gives the clerk the **original and 2 copies** of the **Summons** packet. The first page of the **original Summons** will be returned to the Petitioner with an embossed seal; copies of the first page will be stamped in the lower right hand corner of page 1 of the Summons
14. Petitioner takes the following to the Room 701, 7th Floor, The Office of the Sheriff of Cook County – **Fees will apply-may include additional fee based on Mileage – base amount is \$60**
- a. **Original and Copy** of Summons, Return, Notice of Rights
 - b. Copy of the Petition
 - c. Stamped Order approving application for waiver of fees (if applicable)
 - d. **NOTE:** If Alleged Disabled Person is present with Petitioner, Petitioner should ask for Window or Counter Service (**only \$50.00**)
 - e. Petitioner should obtain a receipt for the Summons from Sheriff

Note: **Petition for Temporary Guardian; Order Appointing Temporary Guardian (Obtain from 7a)**

15. A Temporary Guardian is sought only in emergency cases where the month required for the full process may be too long (e.g. needs emergency medical treatment). If the petitioner wants to do this-they have to complete the Petition for Appointment of a Temporary Guardian AND all the forms in the guardianship packet and file all forms at Step 9.
16. They will also have to go to the judge's courtroom to request an immediate hearing. If they do not have a completed Doctor's Report, they almost certainly will not be able to get a Temporary Guardianship

ACTIONS TAKEN AFTER PETITIONER LEAVES THE HELP DESK

Service of Notice

17. Petitioner will **complete then mail** the following to each person listed on Exhibit A
 - a. Copy of **Notice of Motion**
 - i. Petitioner needs to ensure the name and address of the party to be served is filled out
 - ii. Petitioner will complete "Proof of Service by Mail" section and sign
 - b. Copy of **Petition**
18. Petitioner should staple and keep the following, for submission to the Judge at the Hearing:
 - a. **Original Notice of Motion** (for each person mailed to)- with 1 Copy of the Petition attached

At the Hearing

19. On the day of the hearing, the Petitioner and Respondent (if physically possible) must be in court.
20. The Petitioner must hand the clerk the **originals** of the following:
 - a. **Report** of the Physician
 - b. **Notice of Motion** – One Notice for Every Person who was sent a notice
 - c. **Oath and Bond of Representative – No Surety**
 - d. **Order Appointing Guardian for Disabled Person**
 - e. **Statement of Right to Discharge Guardian or Modify Guardianship Order**
21. The Judge's Clerk will pull the case file, and the Judge will call the case "Estate of ..."
22. Petitioner and Respondent should step up in front of the Judge's bench
23. The Judge will verify that:
 - a. The **Summons** was served -14 days before the Hearing date
 - b. Required **Notice** was served -14 days before the Hearing date
 - c. Review the **Report** from the Doctor
 - d. Have the Guardian *Ad Litem* give a report, if a GAL was appointed
25. The Judge will ask the Petitioner and the Respondent questions.
26. Judge will issue his/her ruling
 - a. If approved, Judge will sign the Order
 - b. If approved, Judge will give Petitioner 1 copy of the Status Report on Ward, with instructions and directions for completing and mailing the Report to the Judge.
27. After the clerk has received the signed order from the Judge, the Petitioner will hand the clerk the **one copy each of following**:
 - a. **Report** of the Physician
 - b. **Notice of Petition** – One Notice for Every Person who was sent notice
 - c. **Oath and Bond of Representative – No Surety**
 - d. **Order Appointing Guardian for Disabled Person**
 - e. **Statement of Right to Discharge Guardian or Modify Guardianship Order**
28. Clerk will stamp the copies of the **Order** and the other forms
 - a. Petitioner should keep these
30. After entry the Clerk's Office will issue the **Letters of Office** to the Guardian
 - a. This is the official document that verifies the appointment of the Guardian
 - b. The guardian will receive one certified copy of the Letters of Office
 - c. Additional certified copies may be obtained from Circuit Clerk's Office for a fee

4. I checked "No" in section 3, so I am providing the following financial information:

In **4a**, check "Yes" if you have applied for at least 1 of the benefits listed in section 3.

a. I have applied for 1 or more of the benefits listed in section 3:

- Yes No

In **4b**, check the box for each type of money you have received in the past month. Also enter the gross (before taxes) amount for each type.

b. I receive the following money each month. This includes money received by people I support who live with me. *(check all that apply)*

- My employment: \$ _____ Other people's employment: \$ _____
 Child support: \$ _____ Social Security (not SSI): \$ _____
 Pension: \$ _____ Unemployment: \$ _____
 Other *(list type and amount)*: _____ \$ _____
 No income

Total of all money received: \$ _____

Include the money received by the people you support who live with you. Support means that the people rely on you financially.

In **4c**, check the box for each type of money you have received in the past 12 months. For each type, enter the total amount received in the past 12 months before taxes.

c. I received the following total amount of money in the past 12 months. This includes money received by people I support who live with me. *(check all that apply)*

- My employment: \$ _____ Other people's employment: \$ _____
 Child support: \$ _____ Social Security (not SSI): \$ _____
 Pension: \$ _____ Unemployment: \$ _____
 Other *(list type and amount)*: _____ \$ _____
 No income

Total of all money received: \$ _____

Include the money received by the people you support who live with you.

In **4d**, check all of your expenses for the past month and list the monthly amounts. Include the expenses of the people you support who live with you.

d. My current monthly expenses are listed below. This includes the monthly expenses of the people I support who live with me. *(check all that apply)*

- Rent: \$ _____ per month
 Home Mortgage: \$ _____ per month
 Other Mortgage: \$ _____ per month
 Utilities: \$ _____ per month
 Food: \$ _____ per month
 Medical: \$ _____ per month
 Car Loan: \$ _____ per month
 Other *(list type and amount)*: _____ \$ _____ per month
 I have no expenses

Total of all expenses: \$ _____

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	ORDER FOR WAIVER OF COURT FEES	For Court Use Only
Instructions ▼ Directly above, enter the name of the county where the case was filed. Enter the name of the person who started the lawsuit as Plaintiff/Petitioner. Enter the name of the person being sued as Defendant/Respondent. Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	_____ Plaintiff / Petitioner <i>(First, middle, last name)</i> v. _____ Defendant / Respondent <i>(First, middle, last name)</i>	_____ Case Number

Enter your full name as "Applicant."

Applicant Name: _____
First
Middle
Last

DO NOT check any boxes or fill in any more blanks on this form. The judge will complete the rest of the form.

The Court having reviewed the *Application for Waiver of Court Fees* hereby finds:

- The applicant **qualifies** for a fee waiver because *(check one)*:
 - The applicant receives assistance under one or more of the following programs: Supplemental Security Income (SSI); Aid to the Aged, Blind and Disabled (AABD); Temporary Assistance for Needy Families (TANF); Food Stamps (SNAP); General Assistance; Transitional Assistance; or State Children and Family Assistance; **OR**
 - The applicant's household income is 125% or less than the current poverty level as established by the U.S. Department of Health and Human Services; **OR**
 - Payments of fees, costs, and charges would result in substantial hardship to the applicant or his or her family.
- The applicant must **provide additional information and attend a hearing** before the court decides if the applicant qualifies for a fee waiver.
- The applicant **does not qualify** for a fee waiver because *(must state specific reason)*:

IT IS HEREBY ORDERED:

- Application for Waiver of Court Fees* is **GRANTED**. The applicant may participate in this case without payment of fees, costs, or charges including: filing, service of process, publication, mediation, guardian ad litem, or any other court ordered fees as listed in 735 ILCS 5/5-105(a)(1).
- Application for Waiver of Court Fees* is **SET FOR HEARING** on _____ at _____
Date
Time

Enter the Case Number given by the Circuit Clerk: _____

in court room: _____ The applicant must bring the following documents: _____

Application for Waiver of Court Fees is **DENIED** and:

Applicant must pay all applicable fees, costs, or charges by: _____ **OR**
Date

Applicant must pay all applicable fees, costs or charges as follows (*describe payment plan*):

DO NOT complete this section. The judge will sign and date here.

ENTERED:

Judge

Date

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	CERTIFICATION FOR EXEMPTION FROM E-FILING	<i>For Court Use Only</i>
Instructions ▼ Directly above, enter the name of the county where the case was filed. <hr/> Enter the name of the person who started the lawsuit as Plaintiff/Petitioner. <hr/> Enter the name of the person being sued as Defendant/Respondent. <hr/> Enter the Case Number given by the Circuit Clerk or leave this blank if you do not have one.	_____ Plaintiff / Petitioner <i>(First, middle, last name)</i> v. _____ Defendant / Respondent <i>(First, middle, last name)</i>	_____ Case Number

In 1, check the reasons you are asking to file by mail or in person. You should check all that apply.

1. I am not able to e-file documents in this case for the following reasons *(check all that apply)* :

- I am representing myself and do not have the Internet or a computer in my home. My only access is through a public terminal at a courthouse, library, or other location. This poses a financial or other hardship.
- I am representing myself and have a disability that prevents me from e-filing.
- I am representing myself and have trouble reading, writing, or speaking in English.
- I am filing a document in a sensitive case, such as a petition for an order of protection or a civil no contact/stalking order.

2. Illinois Supreme Court Rule 9(c)(4) allows for an exemption from e-filing for good cause. For the above reasons, I need a good cause exemption from e-filing for my entire case or until I am able to e-file.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

After you finish this form, sign and print your name.

Enter your complete address and telephone number.

I certify that everything in the *Certification for Exemption from E-filing* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

Your Signature

Street Address

Print Your Name

City, State, ZIP

Telephone

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

In re the Estate of

No.

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:

Atty. for:

Address:

City/State/Zip:

Telephone:

Primary Email:

Secondary Email:

Tertiary Email:

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 Instructions

- The Petitioner should not fill in contact info for a guardian unless a guardian has already been appointed (ie, it is a successor petition).
- Start from the first category and continue until at least 2 or 3 people have been named on Exhibit A.
- The Petitioner does not need to fill in every single category – the statute requires notice to the nearest living relatives, not the entire family.
- If the Petitioner does not have addresses for all of the listed family members, that is okay – but they must get those addresses within two weeks (the notice of motion should go out at least two weeks before the hearing date). For the time being, they can just list the name of the person.
- Each person must be listed even if they are out of state, out of the country, or incarcerated. The fact that the person may not be able to attend is not important – what is important is that the person receive notice of the guardianship case so that they can take action (including hiring a local attorney if they are not able to be physically present) if they want to contest the petition or file a cross-petition.
- If the other parent is living but not in the picture, that parent must be notified. The Petitioner must make every effort to find an address for the other parent and send the notice. If they cannot find an address, some judges may make them go through additional procedures, like service by publication. It depends on the judge.
- Have the Petitioner answer the questions on page 5 regarding any dependents of the Respondent.
- Once the Petitioner begins a class, all members of that class must be notified. For example, if the Respondent has 8 adult children, all 8 adult children must be notified – no one should be omitted.
- If the Petitioner does not want to include a member of a class for fear of a contest, they are free to do so. At that point, however, they are no longer appropriate for Help Desk assistance, and the Petitioner should be informed that we can no longer assist them in completing the petition, and provide them with referral information.

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]
---	---

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:

Dependent	Minor	Adult	Dependent	Minor	Adult
_____ [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]					

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
COUNTY DEPARTMENT, PROBATE DIVISION

Estate of

Respondent's Name

Alleged Disabled Person

No. -P-

PETITION FOR APPOINTMENT OF GUARDIAN OF DISABLED PERSON

Will the Alleged Disabled Person 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,

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 disabled person)

whose year of birth is Year of birth and whose place of residence is

Respondent's Address

(address/city/county/state/zip code)

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

***3. The reasons for the guardianship are that the Respondent is a disabled person due to:

diagnosis

(description of disability)

and because of that 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 \$ X Real \$ 0;

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

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/Address 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 the UAGPPJA applies.

* Check the appropriate box or boxes

** Check the appropriate basis for jurisdiction

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

- (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 (printed name of the Respondent) be adjudged a disabled person, and that

A. CO-guardian #1 (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

CO- Guardian of the ~~estate and person~~ ~~estate only of the Respondent~~ **person only of the Respondent**

*** B. CO-guardian #2 (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

CO- Guardian of the person only of the Respondent.

*** C. Because _____ (printed name of the proposed Guardian) has been convicted of a felony, the Court finds that

- (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 No.: _____

Attorney Name: _____

Firm Name: _____

Attorneys for Petitioner: _____

Address: _____

City/State/Zip code: _____

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

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Re Estate of:

v.

No. 2018- P -

NOTICE OF MOTION

To: _____

On _____, 2018, at 11:00 am a.m. p.m. or as soon thereafter as counsel may be heard, I shall appear before the Honorable Judge _____ or any Judge sitting in that Judge's stead, in the courtroom usually occupied by him/her, located at courtroom 18 Daley Center, 50 W. Washington, Chicago, Illinois, and present

Petition for Appointment of Guardian of Disabled Person

Name _____ Atty. No. 99500 Pro Se 99500
Address _____ Attorney for PRO SE
City/State/Zip _____ Telephone _____

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.

Date _____

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 before _____ a.m. p.m. on the _____ day of _____, with proper postage prepaid.

Date _____

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)

Date _____

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.

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

File No. _____

Estate of

_____ **A Person with a Disability**

ORDER APPOINTING PLENARY GUARDIAN OF A PERSON WITH A DISABILITY

On the Petition of _____ for the appointment of
[printed name of the Petitioner]

[printed name of the proposed Guardian]

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

_____ (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].

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

File No. _____

Estate of _____

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 _____
 Name _____
 Firm Name _____
 Attorneys for _____
 Address _____
 City/State/Zip _____
 Telephone _____
 Email _____

ENTERED:

Dated _____

Judge

Judge's No.

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

Estate of



No. _____

Docket _____

Page _____

OATH AND BOND OF REPRESENTATIVE-NO SURETY

I, _____, 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:

_____, _____

Address _____

Judge Judge's No.

Signed and sworn to before me

Atty. No.: _____

Name: _____

Firm Name: _____

Atty. for Representative: _____

Address: _____

City/Zip: _____

Telephone: _____

_____, _____

(Clerk of Court)

(Notary Public)

**Summons for Appointment of Guardian of a
Person with a Disability**

(08/10/18) CCP 0201 A

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

Estate Of _____

Case No. _____

Alleged Person with a Disability

**SUMMONS FOR APPOINTMENT OF GUARDIAN OF A PERSON WITH A
DISABILITY**

To: _____

You are summoned to appear at a hearing on a **Petition for Appointment of Guardian of Disabled Person** to adjudge you a disabled person 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 back of this **Summons**.

The hearing to determine whether or not a Guardian will be appointed for you will be held on

_____ at _____ AM PM in Room _____ of the Richard J. Daley Center,
50 W Washington St, Chicago, IL 60602.

E-filing is now mandatory for documents in civil cases with limited exemptions. To e-file, you must first create an account with an e-filing service provider. Visit <http://efile.illinoiscourts.gov/service-providers.htm> to learn more and to select a service provider. If you need additional help or have trouble e-filing, visit <http://www.illinoiscourts.gov/FAQ/gethelp.asp>, or talk with your local circuit clerk's office.

Dated: _____

Clerk of the Court

(Seal of Court)

TO THE OFFICER:

This **Summons, Petition and Notice** must be served on the alleged disabled person **personally** no later than fourteen (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 two (2) days after service. If service cannot be made on the alleged disabled person personally, this **Summons** shall be returned so endorsed.

Dorothy Brown, Clerk of the Circuit Court of Cook County, Illinois
cookcountyclerkofcourt.org

RETURN

I certify that on: _____

1. I served this **Summons** on the alleged disabled person 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 disabled person.

_____, Sheriff of _____ County

By _____, Deputy

SHERIFF'S FEE

Service and Return \$ _____

Miles \$ _____

Total \$ _____

NOTICE OF RIGHTS OF RESPONDENT

You have been named as the Respondent in a guardianship Petition asking that you be declared a disabled person. If the Court grants the Petition, a Guardian will be appointed for you. A copy of the **Petition** for guardianship is attached for your convenience.

The date and time of the hearing is: _____ AM PM

The place where the hearing will occur is: Room: _____
Richard J. Daley Center
50 W Washington St
Chicago, IL 60602

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

If a Guardian is appointed for you, the Guardian may be given the right to make all important 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 those decisions for yourself.

You have the following legal rights:

1. You have the right to be present at the hearing.
2. You have the right to be represented by an attorney, either one whom 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 to give you an opinion about your need for a Guardian.
6. You have the right to ask that the 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 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 or if you have any other problems, you should contact an attorney or come to Court and tell the Judge.

Atty. No.: _____

Atty Name: _____

Atty. for: _____

Address: _____

City: _____

State: ____ Zip: _____

Telephone: _____

Primary Email: _____

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 _____

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

File No. _____

Estate of _____

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

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.**

Process for APPOINTMENT OF A SUCCESSOR GUARDIAN OF THE PERSON

SCREENING: The same criteria used in screening for initial guardianship proceedings should be applied to those seeking appointment as a Successor Guardian. *The Help Desk will not provide assistance if:*

1. The original Guardian was appointed for the Person and the Estate. A Successor Guardian would have to be appointed for both the Person and the Estate;
2. The original Guardian was appointed for the Person only, but now the Ward has an estate (e.g. inheritance, personal injury award, benefit claim payment, etc.). The person must seek appointment of a Successor Guardian for the Person and a Guardian of the Estate.
3. The person has reason to believe that the petition for appointment of a Successor Guardian is likely to be contested, by the Ward and/or another person, including the current Guardian.

Persons seeking appointment as Successor Guardian under any of these circumstances should be referred to private counsel.

PROCEDURES:

- Any person seeking to petition for appointment as Successor guardian should have a copy of the original Letters of Office, or obtain a copy from the Office of the Circuit Court Clerk in Room 1202.
- Complete a modified version of the Petition for Appointment of Guardian for Disabled Person – see attached sample.
- Insert the caption and the case number from the original proceeding;
- Prepare an “Exhibit A” as required for an original Petition. It is a good idea to include the Ward on the “Exhibit A” Personal service by Summons is not required for a Petition for Successor Guardian.
- Notice to the current Guardian (if living) and “nearest relatives” is required, and should be served at least 14 days prior to the hearing. Notice should also be sent to the Ward.

ADDITIONAL DOCUMENTATION:

- If the initial Guardian is deceased, the Petitioner must obtain a copy of the Death Certificate.
- If the initial Guardian designated a Successor Guardian, either in a Will or in a separate Designation the Petitioner should have a copy to present at the hearing.
- If the initial Guardian is no longer able or willing to act, the Petitioner should have a Resignation to give to the Judge at the Hearing. There is no court form for this. A simple written statement as to why the Guardian is resigning, signed by the Guardian, and preferably notarized, should be prepared or the initial Guardian should attend the hearing if possible.
- A Report of Physician is not required-the determination of disability has already occurred. However, a current Annual Report on the Ward should be prepared and presented at the hearing. The Petitioner can obtain a copy of this form from the Judge’s Clerk.
- The Ward is not required to attend the Hearing, but a GAL may be appointed if the Ward does not appear.
- A sample proposed Order is also attached.

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

Estate of

No. _____

Alleged Disabled Person Successor

PETITION FOR APPOINTMENT OF GUARDIAN OF DISABLED PERSON

Will the Alleged Disabled Person 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 disabled person) whose year of birth is _____ and whose place of residence is _____, is a disabled person; (address/city/county/state/zip code)

2. The relationship to and interest to the Respondent of the Petitioner is: _____

***3. The reasons for the guardianship are that the Respondent is a disabled person due to: death/incapacity of prior guardian 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 the UAGPPJA applies.

- * Check the appropriate box or boxes
** Check the appropriate basis for jurisdiction

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

File No. _____

Estate of

_____ **A Person with a Disability**

ORDER APPOINTING PLENARY GUARDIAN OF A PERSON WITH A DISABILITY

On the Petition of _____ for the appointment of
[printed name of the Petitioner]

[printed name of the proposed Guardian]

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

_____ (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].

PRO SE ADULT GUARDIANSHIP HELP DESK
e-Filing Instructions

1. You may be able to ask for an exemption from e-filing due to: (1)No computer or Internet access in the home and travel presents a hardship (financial or otherwise); (2)Disability (as defined by the ADA) that prevents e-filing; (3)Low literacy; or (4) Limited English proficiency. If any of these apply to you, ask for an exemption application form.
2. If you are applying for a fee waiver, fill out the form and make one copy of the application and one copy of the order. Then go to the 18th floor and find the courtroom with a sign that says "fee waiver." The judge will hear your petition and decide whether to grant the fee waiver application.
3. To e-file, take your completed forms to room LL-12 (the basement of the Daley Center). Clerk staff should help you scan in your documents and file the case. Or you can file on the 12th floor with the help of Clerk's office staff.
4. The Clerk's office will no longer accept cash payments. If you do not have a credit card or debit card will need to go to a convenience store and buy a prepaid debit card to e-file their documents. Please note, that there is a 2.85% convenience fee added to every filing with a credit card or debit card, and you will need to purchase a card in the amount of the filing fee plus 2.85%.
5. You will need to ask the clerk's office to accept your filing. The Clerk's office will give you information on where to go to get your filing accepted. Have your envelope number ready - write it down here: **Envelope number:** _____
6. After your filing is accepted, you will need to print out one copy of the Petition, three copies of the Summons and one copy of the order approving fee waiver (if applicable) to place the Summons with the Sheriff.
7. Printers are available for use in the Law Library on the 29th floor for a fee.
8. To place the Summons, go to the Sheriff's Office on the seventh floor in room 701. Give the Summonses and a copy of the Petition to the cashier. If the alleged disabled person is there, ask for counter service, which costs \$50. Or, you will pay the full \$60 fee or use your Fee Waiver Order.
9. You will need to print or make copies of the following forms before your hearing date:
 - a. Probate Division Cover Sheet = no copies
 - b. Petition for Appointment of Guardian with Exhibit A = print one for you and one for each person on Exhibit A.
 - c. Notice of Motion = one copy for each person on Exhibit A (see post-filing instructions)
 - d. Order Appointing Plenary Guardian = one copy
 - e. Oath and Bond of Representative – No Surety = one copy
 - f. Statement of Right to Discharge = no copies
 - g. Physician's Report = one copy (But only after filled out by the doctor)

PRO SE ADULT GUARDIANSHIP HELP DESK

Instructions After Filing the Petition

SENDING NOTICES OF MOTION

1. You must send Notices of Motion to all of the people on the Exhibit A attached to the Petition. A copy of the Petition must also be attached. This must be done at least two weeks before the hearing date. You can either hand-deliver or mail the Notice of Motion and Petition.
2. If you do not know the address of a person on the list, you must make every effort to try to find an address before the court date. You will have to swear to the judge that you could not find the address. If the person is important, like another parent or a spouse, then the judge may make you take extra steps to try to find the person before you can continue.
3. Fill out a separate Notice of Motion for each person on the Exhibit A. See the reverse of this instruction sheet for a Sample Notice of Motion.
4. Make copies of all of the completed Notices. You must keep a copy and bring it to court as proof that you mailed or delivered the Notices.

COMPLETING THE DOCTOR'S REPORT

- You must have the doctor's report completed before the court date. If you already have a report, it must be less than 3 months old on the day that you file the court case, or you will need a new report. Only a medical doctor can fill out the form.
- You must have the original report in court – no faxes, copies or scans. Bring an extra copy to the court date.

ON YOUR COURT DATE

- Bring all of your paperwork with you.
- If you can bring the Respondent to court, do so – if the matter is uncontested then the court may not appoint a Guardian Ad Litem. Remember that if you state on the Petition that the Respondent will not be in court, a GAL will be appointed immediately. The Petitioner will be responsible for all GAL fees, which can be around \$1,000, unless the Petitioner qualifies for a fee waiver. Even with a fee waiver, there is no guarantee that the court will appoint a pro bono GAL. If the Respondent comes to court, a GAL will probably be waived, unless the judge decides a GAL is still necessary.
- Try to arrive at least 15 minutes before your scheduled court date, there may be a security line.
- Find your line number on the list outside the courtroom – the number to the left of your case information. In the courtroom, check in with the clerk and give your line number.

- SAMPLE -

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Re Estate of:

Respondent's Name

No. 2018-P-

NOTICE OF MOTION

NAME Person on Exhibit A
Address
City/State/Zip

On Month, day, 2018 at 11:00 am ^{a.m.} or as soon thereafter as counsel may be heard, I shall appear before the Honorable Judge Judge's name or any Judge sitting in that Judge's stead, in the courtroom usually occupied by him/her, located at Courtroom 18 room number Daley Center, 50 W. Washington, Chicago, Illinois, and present

Petition for Appointment of Guardian of Disabled Person

Name Your name Atty. No. 99500 Pro Se 99500
Address Your address Attorney for pro se
City/State/Zip Your city/state/zip Telephone Your phone number

PROOF OF SERVICE BY DELIVERY

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

Date _____
sign here
Signature/Certification

Pick one method of service

PROOF OF SERVICE BY MAIL

I, Your name, the attorney non-attorney certify that I served this notice by mailing a copy to Name person on Ex.A at Address person on Exhibit A and depositing the same in the U.S. Mail at Address where you put in mail at before 5:00 ^{a.m.} on the day day of month, year, with proper postage prepaid.

Date _____
sign here
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)

Date _____
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.

PRO SE ADULT GUARDIANSHIP HELP DESK
e-Filing Instructions

1. You may be able to ask for an exemption from e-filing due to: (1)No computer or Internet access in the home and travel presents a hardship (financial or otherwise); (2)Disability (as defined by the ADA) that prevents e-filing; (3)Low literacy; or (4) Limited English proficiency. If any of these apply to you, ask for an exemption application form
2. To e-file, take your completed forms to room LL-12 (the basement of the Daley Center). Clerk staff should help you scan in your documents and file the case.
3. The Clerk's office will no longer accept cash payments. If you do not have a credit card or debit card will need to go to a convenience store and buy a prepaid debit card to e-file their documents. Please note, that there is a 2.85% convenience fee added to every filing with a credit card or debit card, and you will need to purchase a card in the amount of the filing fee plus 2.85%.
4. If you are applying for a fee waiver, the judge may grant it based on the written petition, but an in-person hearing on the date of filing may be necessary. The Clerk's office will provide information on the time/location of that hearing.
5. You will need to ask the clerk's office to accept your filing. The Clerk's office will give you information on where to go to get your filing accepted. Have your reference number ready.
6. After your filing is accepted, you will need to print out **one (1) copy of the Petition, two (2) copies of the Summons** and one copy of the order approving fee waiver (if applicable) to place the Summons with the Sheriff.
7. Printers are available for use in the Law Library on the 29th floor for a fee.
8. To place the Summons, go to the Sheriff's Office on the seventh floor in room 701. Give the Summons and a copy of the Petition to the cashier. If the alleged disabled person is there, ask for counter service, which costs \$50. Or, you will pay the full \$60 fee or use your Fee Waiver Order.
9. You will need to print or make copies of the following forms before your hearing date:
 - a. Probate Division Cover Sheet = no copies
 - b. Petition for Appointment of Guardian with Exhibit A = print one for you and one for each person on Exhibit A.
 - c. Notice of Motion = one copy for each person on Exhibit A (see post-filing instructions)
 - d. Order Appointing Plenary Guardian = one copy
 - e. Oath and Bond of Representative – No Surety = one copy
 - f. Statement of Right to Discharge = no copies
 - g. Physician's Report = one copy (But only after filled out by the doctor)

PRO SE ADULT GUARDIANSHIP HELP DESK
Filing Instructions and Instructions After Filing the Petition

1. To File, go to Counter 1A with the Cover Sheet, Petition, Copies of the Petition and One copy of the Order Appointing Guardian Ad Litem (GAL).
2. Remember that if you state on the Petition that the Respondent will not be in court, a GAL will be appointed immediately. The Petitioner will be responsible for all GAL fees, which can be around \$1,000, unless the Petitioner qualifies for a fee waiver. Even with a fee waiver, there is no guarantee that the court will appoint a pro bono GAL. If the Respondent comes to court, a GAL will probably be waived, unless the judge decides a GAL is still necessary.
3. Fill in the case number in the upper right corner of ALL the copies. [2017-P-XXXX]
4. On all four Summons packets, write the court date, time and location and judge's name on both pages of each packet in the blanks provided. Then go to counter 7A in room 1202 to get the Summonses certified.
5. Go to the Sheriff's Office on the seventh floor in room 701. Give the Summonses and a copy of the Petition to the cashier. If the alleged disabled person is there, ask for counter service, which costs \$50. Or, you will pay the full \$60 fee or use your Fee Waiver Order.

SENDING NOTICES OF MOTION

1. You must send Notices of Motion to all of the people on the Exhibit A attached to the Petition. A copy of the Petition must also be attached. This must be done at least two weeks before the hearing date. You can either hand-deliver or mail the Notice of Motion and Petition.
2. If you do not know the address of a person on the list, you must make every effort to try to find an address before the court date. You will have to swear to the judge that you could not find the address. If the person is important, like another parent or a spouse, then the judge may make you take extra steps to try to find the person before you can continue.
3. Fill out a separate Notice of Motion for each person on the Exhibit A. See the reverse of this instruction sheet for a Sample Notice of Motion.
4. Make copies of all of the completed Notices. You must keep a copy and bring it to court as proof that you mailed or delivered the Notices.

COMPLETING THE DOCTOR'S REPORT

- You must have the doctor's report completed before the court date. If you already have a report, it must be less than 3 months old on the day that you file the court case, or you will need a new report. Only a medical doctor can fill out the form.
- You must have the original report in court – no faxes, copies or scans. Bring an extra copy to the court date.

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

In re estate of:

v.

No. 2017-P-_____

NOTICE OF MOTION

To: _____

On 2017 at 11:00 am a.m/p.m. or as soon thereafter as counsel may be heard, I shall appear before the Honorable Judge _____ or any judge sitting in that Judge's stead, in the courtroom usually occupied by him/her, located at courtroom _____, 50 W. Washington, Chicago, Illinois, and present Petition for Appointment of Guardian of a Person with a Disability _____.

Atty. No.: 99500 Pro se 99500 Telephone: _____
Name: _____ Primary Email: _____
Atty. for: pro se 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.

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

File No. _____

Estate of _____

Alleged Person with a Disability

PETITION FOR TEMPORARY GUARDIAN OF ALLEGED PERSON WITH A DISABILITY

In accordance with §11a-4 of the Probate Act of 1975 (“Probate Act”) [755 ILCS 5/11a-4] and §§201-204 of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act (“UAGPPJA”) [755 ILCS 8/201-204], the Petitioner,

_____, states under the penalties of perjury:
[printed name of the Petitioner]

1. On _____, a Petition was filed herein for the appointment of a Guardian of the _____ of _____ (estate) (person) (estate and person) _____ [printed name of the alleged person with a disability] _____ (the “Respondent”);
2. A Temporary Guardian is necessary for the immediate welfare and protection of the _____ (estate) (person) (estate and person) of the Respondent because _____

- *3. (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.

The Petitioner asks that:

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 Temporary Guardian of the _____ of the Respondent with (estate and person) (estate only)

* Check the appropriate basis for jurisdiction.

the following powers: _____

** B. _____
[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

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

File No. _____

Estate of

Alleged Person with a Disability

ORDER APPOINTING TEMPORARY GUARDIAN OF AN ALLEGED PERSON WITH A DISABILITY

On the Petition of _____ for the appointment of
[printed name of the Petitioner]

[printed name of the proposed Temporary Guardian]

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

[printed name of Respondent] (the "Respondent"),

the Court finds that:

1. The proposed temporary 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].

- D. i. The bond of the Temporary Guardian of the **estate** and the surety therein, be approved.
- ii. The bond of the Temporary Guardian of the **person** be approved.
- E. The authority of the Temporary Guardian, if not sooner terminated, shall terminate on _____.
[not more than 60 days from the date of this Order]

ENTERED:

Dated _____

Judge
Judge's No.

Attorney Number _____

Name _____

Firm Name _____

Attorneys for _____

Address _____

City/State/Zip _____

Telephone _____

Email _____

INFORMATIONAL PAGE – DO NOT ATTACH TO FORM FILED WITH THE COURT

This page offers an illustrative list of some common powers and duties of a Temporary Guardian. It is not intended to be an exhaustive list, and many of the listed powers and duties may not be at all appropriate in a particular situation.

Examples of common powers and duties often requested for a Temporary Guardian:

1. Investigate, subpoena records, review any and all financial statements and information bearing the Respondent's name at any financial institution, including but not limited to banks, credit unions, brokerage accounts, savings and loan associations, insurance companies and annuity companies.
2. Act as health care surrogate decision maker under the Illinois Health Care Surrogate Act excluding end-of-life decisions.
3. Execute releases and consents on behalf of the Respondent in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) in order to access the Respondent's medical records and protected health information.
4. Apply for health insurance or governmental benefits, including Medicare Part D.
5. Freeze all accounts bearing the Respondent's name until further Order of Court.
6. Freeze all debit and credit cards held in the Respondent's name.
7. Withdraw up to \$_____ from an account bearing the Respondent's name in order to pay for daily living expenses and nursing care expenses.
8. Place or maintain the Respondent in an appropriate nursing care facility, or access and procure home care and home health services.
9. Temporarily place the Respondent in an appropriate facility for respite care if medical, financial, or safety issues necessitate.
10. Enter and secure the Respondent's residence located at _____.
11. Forward the Respondent's mail and direct income.
12. Secure any vehicle titled in the Respondent's name whether held solely or jointly.
13. Obtain police reports and other documents from the police department investigation file where the Respondent is named as the victim.
14. Contact the Respondent's employer regarding applying for disability benefits.

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

File No. _____

Estate of

_____ **A Person with a Disability**

ORDER APPOINTING LIMITED GUARDIAN OF A PERSON WITH A DISABILITY

On the Petition of _____ for the appointment of
[printed name of the Petitioner]

[printed name of the proposed Guardian]

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

_____ (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 Limited 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 the 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) lacks some but not all understanding or capacity to make or communicate responsible decisions concerning the care of his or her person;

(b) lacks some but not all of the ability to manage his or her estate or financial affairs;

4. Limited Guardianship will 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 legal disabilities to which the Respondent is subject are as follows: _____

8. The factual basis for the above findings of the Court is as follows: _____

IT IS ORDERED that:

A. _____
[printed name of the proposed Guardian]
be appointed as Limited Guardian of the _____ of the Respondent.
(estate) (estate and person)

B. _____
[printed name of the proposed Guardian]
be appointed as Limited Guardian of the person of the Respondent.

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

D. In the case of the Limited Guardian of the **estate**, the authority specifically reserved to the respondent be as follows:

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

File No. _____

Estate of _____

A Person with a Disability

GUARDIAN'S ANNUAL REPORT REGARDING WARD

Pursuant to §11a-17(b) of the Probate Act of 1975 [755 ILCS 5/11a-17(b)], _____,
[printed name of the Guardian]

having been appointed on _____ as guardian of the person of
[date of appointment]

_____ (the "Ward"), submits this annual Report
[printed name of the a person with a disability]

as follows (if the Ward is deceased, attach a copy of the death certificate and do not complete the numbered paragraphs of this Report):

- 1. The Ward is now _____ years of age.
The Ward's current mental diagnosis: _____
The Ward's current physical diagnosis: _____
The Ward's current mental condition: _____
The Ward's current physical condition: _____
The Ward's current social condition: _____

- 2. The Ward's current living arrangements, including the place of residence, and the Guardian's opinion as to the appropriateness of those arrangements: _____

The Ward's other places of residence since the last report and the length of stay at each place:

Address of Other Place of Residence	Length of Stay
_____	_____
_____	_____
_____	_____

- 3. Medical and dental services provided to the Ward: _____

Educational service provided to the Ward: _____

Vocational and other professional services provided to the Ward: _____

4. A summary of the Guardian's visits with and activities on behalf of the Ward:

Dates	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. The Guardian recommends that there _____ a need for continued guardianship because _____
(is) (is not)

6. Other information concerning the Ward which may in the opinion of the Guardian be useful to the Court:

Dated _____

_____ [signature of the Guardian]

_____ [printed name of the Guardian]

_____ [address of the Guardian]

_____ [city/state/zip code]

_____ [telephone of Guardian]

Mail To:

The Judge assigned to Calendar _____
 Circuit Court of Cook County, Probate Division
 Richard J. Daley Center, 18th Floor
 50 West Washington Street
 Chicago, Illinois 60602

Service via email from opposing party/counsel will be accepted at:

_____ by consent pursuant to Ill. Sup. Ct. Rules 11 and 131.



Center for Disability
& Elder Law

***Pro Se* Adult Guardianship Help Desk**

2018 VOLUNTEER TIME LOG

VOLUNTEER NAME: _____

VOLUNTEER SIGNATURE: _____

DATE:	TIME IN:	TIME OUT:	TOTAL:	INITIALS:

By signing this form, I verify that the hours entered are true and correct.