

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
CHAMPAIGN COUNTY, ILLINOIS

IN RE THE ESTATE OF _____)
_____,) Case Number _____
Minor Child/Children.)

PETITION FOR APPOINTMENT OF GUARDIAN FOR DISABLED ADULT

I, _____ (Name), the Petitioner, a reputable citizen of the State of _____, certify:

1. _____, a disabled adult, whose date of birth is _____, and whose place of residence is _____ (address, city, state, zip code), and owns personal or real estate in this County. The Disabled Adult is _____ living with _____ (name) OR _____ living in the following facility _____.

2. Approximate value of Real Estate: \$ _____
Approximate value of Personal Estate: \$ _____
Anticipated gross annual income and other receipts (including Social Security, employment, etc.): \$ _____

3. The relationship and interest of the Petitioner to the Disabled Adult is _____

4. The names and post office addresses (address, city, state, zip code) of the Disabled Adult's guardian, if any, agent(s) appointed under the Illinois Power of Attorney Act, if any, and nearest adult relatives of the Disabled Adult entitled to notice are as follows (nearest relatives are the Disabled Adult's spouse, adult children, parents, and adult brothers and sisters or if none then nearest adult kindred). **YOU MUST LIST ALL NEAREST RELATIVES:**

Name and Relationship to Disabled Adult	Last Known Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. It is necessary that a guardian of the estate and/or person of the Disabled Adult be appointed because (be specific, with information such as medical disabilities, and if Disabled Adult needs placement outside of the home): _____

6. The criminal history of the proposed guardian is as follows: (Check as appropriate):
 _____ Has not been convicted of a felony.
 _____ Has been convicted of a felony/felonies, as follows:

Date of Conviction	Felony Charged
_____	_____
_____	_____

7. That residential placement of the Disabled Adult is necessary because (be specific, with information such as medical disabilities): _____

8. That this Court may authorize the guardian to allow residential placement of a Disabled Adult if the Court finds that residential placement is in the best interest of the Disabled Adult and is necessary to prevent substantial harm to the Disabled Adult.

WHEREFORE, I, _____ (Name), the Petitioner, ask that
 _____ (Name of Proposed Guardian), who lives at
 _____ (Address, City, State, Zip Code), who
 is _____ years of age, who is the Disabled Adult's _____
 (relationship to Disabled Adult), and is qualified and willing to act, be appointed as plenary
 guardian of the estate and/or person of the Disabled Adult, that the Court find _____
 _____ (name of Disabled Adult) be adjudged a Disabled Adult, and,
 if necessary, that the plenary guardian of the person be authorized to place the Disabled Adult in
 an appropriate residential facility.

 Petitioner

Name: _____
 Address: _____
 City, State, Zip Code: _____
 Phone: _____
 E-Mail Address: _____

Susan W. McGrath
 Champaign County Circuit Clerk
 101 E. Main St.
 Urbana, IL 61801