

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

IN RE THE ESTATE OF \_\_\_\_\_ )  
\_\_\_\_\_, ) Case Number \_\_\_\_\_  
a Disabled Adult. )

**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

\_\_\_\_\_  
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