

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

IN RE THE GUARDIANSHIP OF: \_\_\_\_\_ )  
 )  
 ) No. \_\_\_\_\_  
An Alleged Disabled Adult. )

**SUMMONS FOR HEARING ON**  
**PETITION FOR APPOINTMENT OF GUARDIAN OF THE PERSON AND ESTATE**

To Respondent: \_\_\_\_\_  
NAME ADDRESS CITY / STATE

You are summoned to appear at a hearing on a Petition to adjudge you a disabled person and to have a guardian appointed to make decisions for you regarding both your self and your property. That hearing is scheduled for:

Date: \_\_\_\_\_, 2022  
Time: \_\_\_\_\_  A.M.  P.M.  
Place: Courtroom \_\_\_\_\_  
Champaign County Courthouse  
101 E. Main  
Urbana, Illinois 61801

Judge's name & phone number: Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**NOTICE OF RIGHTS OF RESPONDENT**

You have been named as a respondent in a guardianship petition asking that you be declared a person with a disability. If the court grants the petition, a guardian will be appointed for you. A copy of the guardianship petition is attached for your convenience.

If a guardian is appointed for you, the guardian may be given the right to make all important personal 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 these decisions for yourself.

**You have the following legal rights:**

- (1) You have the right to be present at the court hearing.
- (2) You have the right to be represented by a lawyer, either one that 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 give an opinion about your need for a guardian.
- (6) You have the right to ask that the court hearing be closed to the public.
- (7) You have the right to tell the court whom you prefer to have for your guardian.
- (8) You have the right to ask a judge to find that although you lack some capacity to make your own decisions, you can make other decisions, and therefore it is best for the court to appoint only a limited guardian for you.

You do not have to attend the court 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. If you are unable to attend the hearing in person or you will suffer harm if you attend, the Judge can decide to hold the hearing at a place that is convenient. The Judge can also follow the rule of the Supreme Court of this State, or its local equivalent, and decide if a video conference is appropriate.

**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. IF YOU DO NOT WANT A GUARDIAN OR IF YOU HAVE ANY OTHER PROBLEMS, YOU SHOULD CONTACT AN ATTORNEY OR COME TO COURT AND TELL THE JUDGE.**

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 or have trouble e-filing, visit <http://www.illinoiscourts.gov/FAQ/gethelp.asp> or talk to or go to the Champaign County Circuit Clerk's office, 101 E. Main St., Urbana, Illinois, 217/384-3725.

**TO THE OFFICER:** This Summons must be served on the alleged disabled adult personally not later than 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 request for fees, if any, not later than 2 days after service. If service cannot be made on the alleged disabled personally, the Summons shall be returned so endorsed.

(Seal of the Court)

Witness: \_\_\_\_\_

Clerk of the Court

**RETURN**

I certify that on \_\_\_\_\_, 2022, I served this Summons on the alleged disabled person by leaving a copy with \_\_\_\_\_ personally and informing him/her of its contents. I am over 18 years of age and not a party to this action.

\_\_\_\_\_  
Officer or Person Making Service

Plaintiff's Attorney or Plaintiff if self-represented

Attorney Name/Name: \_\_\_\_\_

ARDC# \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_