

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

Hearing on petition set for \_\_\_\_\_  
M. Room \_\_\_\_\_  
Richard J. Daley Center  
Chicago, Illinois 60602

ESTATE OF \_\_\_\_\_

No. \_\_\_\_\_  
Docket \_\_\_\_\_  
Page \_\_\_\_\_

Alleged Disabled Person

2605

PETITION FOR APPOINTMENT OF GUARDIAN FOR DISABLED PERSON

\_\_\_\_\_ on oath states:

1. \_\_\_\_\_, whose date of birth is \_\_\_\_\_ and place of residence is \_\_\_\_\_, is a disabled person.
2. The relationship and interest of the petitioner to the respondent is: \_\_\_\_\_.
3. The reason for the guardianship is that the respondent is a disabled person due to \_\_\_\_\_, and because of such disability\*(a) lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the care of the respondent's person \*and (b) is unable to manage the respondent's estate or financial affairs.
4. a. The approximate value of estate: Personal \$ \_\_\_\_\_ Real \$ \_\_\_\_\_  
b. The anticipated gross annual income and other receipts of the respondent: \$ \_\_\_\_\_
5. The names and post-office addresses of the respondent's guardian, if any, agent(s) appointed under the Illinois Power of Attorney Act, if any, and nearest relatives are listed on Exhibit A attached hereto. "Nearest relatives" means respondent's spouse, adult children, parents, and adult brothers and sisters, or if none, respondent's nearest adult kindred.
6. The name and address of the person with whom or the facility in which the respondent is residing is: \_\_\_\_\_

Petitioner asks that \_\_\_\_\_ be adjudged a disabled person and

\*(a) \_\_\_\_\_ (name) \_\_\_\_\_ (post-office address)  
\_\_\_\_\_, age \_\_\_\_\_ years, \_\_\_\_\_ (relationship to respondent), \_\_\_\_\_ (occupation),  
\_\_\_\_\_ (city and state)

qualified and willing to act, be appointed as guardian of the respondent's \_\_\_\_\_  
 0002 (estate)  0003 (estate and person)  
 1002  1003

\*(b) \_\_\_\_\_ (name)  0001  1001 (post-office address)  
\_\_\_\_\_ (person) \_\_\_\_\_ (relationship to respondent), \_\_\_\_\_ (occupation),  
\_\_\_\_\_ (city and state)

qualified to act, be appointed as guardian of the person only.

Atty. No.: \_\_\_\_\_  
Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Attorney for Petitioner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

\_\_\_\_\_  
Petitioner  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip

\*Strike if not applicable.

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Notary Public