IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT, LAKE COUNTY , ILLINOIS

Probate Division

ESTATE OF	)	Hearing on Petition set for _____, Lake County Courthouse Waukegan, Illinois _____am./pm. Courtroom _____
	)	
	) NO.	
Alleged Disabled Person	)	

PETITION FOR APPOINTMENT OF GUARDIAN FOR DISABLED PERSON

Petitioner _____, hereby certifies:

1. Respondent _____, whose date of birth is _____ and place of residence is _____, *is a disabled person.

_____

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

_____

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

_____

_____

_____

and because of such disability: ** _____

_____

4. a. The approximate value of estate: Personal $_____ Real $_____

   b. The anticipated gross annual income and other receipts of the Respondent as $_____

5. The names and post-office addresses of the Respondent's guardian and nearest relatives, if any, are: (list spouse and adult children; if none, the Respondent's parents, and adult brothers and sisters; if none, nearest kindred):

Name	Relationship	Post Office Address

6. The name and address of the person with whom, or the facility in which the Respondent is residing is:

_____

Petitioner asks that:

a. _____ be adjudged a disabled person;

b. _____
(name) (address)

age _____ years _____ qualified and willing to act; be
(occupation)

appointed as guardian of the Respondent's, _____
(estate) (estate and person)

c. _____
(name) (address)
age _____ years _____ qualified and willing to act; be appointed as
(occupation)
guardian of the person only;

d. The guardianship be for the limited purpose of:

_____

_____

The undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

_____
Petitioner

Address _____

City _____

Name
Attorney for
Address
City & Zip
Telephone
Atty No

* If alleged disabled person is a nonresident add “owning real estate in this county” or “owing no real estate in Illinois but owning personal estate in this county”.

** (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.