

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

File No. _____

Estate of _____

A Person with a Disability

PETITION FOR APPOINTMENT OF STANDBY GUARDIAN OF A PERSON WITH A DISABILITY

In accordance with §11a-8.1 of the Probate Act of 1975 (“Probate Act”) [755 ILCS 5/11a-8.1], the Petitioner, _____ states under the penalties of perjury:
[printed name of the Petitioner]

1. _____
[printed name of the person with a disability]
whose year of birth is _____, who is 18 years or older, whose place of residence is _____
_____ is a person with a disability.

2. The names and post office addresses of the person with a disability’s nearest relatives entitled to notice are listed on **Exhibit A** attached to this Petition. “Nearest relatives” means, in the following order, (a) the spouse (including a party to a civil union) and adult children, the parents and adult brothers and sisters or, if none, (b) the nearest adult kindred known to the Petitioner.

3. a. _____
[printed name and post office address of the Guardian]
is the Guardian of the _____ of the person with a disability.
(estate) (person) (estate and person)

b. _____
[printed name and post office address of the agent under power of attorney]
is acting as _____ agent of the person with a disability under the Illinois
(health care) (property) (health care and property)
Power of Attorney Act.

4. a. The Petitioner seeks the appointment of _____
[printed name of the proposed standby Guardian]
_____ [post office address of the proposed standby Guardian]
who is _____ years of age, whose occupation is _____ and who is qualified and willing
to act, as standby Guardian of the _____ of the person with a disability.
(estate) (person) (estate and person)

*b. The Petitioner seeks the appointment of _____
[printed name of the proposed successor standby Guardian]
_____ [post office address of the proposed successor standby Guardian]
who is _____ years of age, whose occupation is _____ and who is qualified and willing
to act, as standby Guardian of the _____ of the person with a disability if the
(estate) (person) (estate and person)
person named in subparagraph (a) above cannot or will not act as standby Guardian.

5. a. The preference of a person with a disability as to the choice of a standby Guardian of the _____
(estate) (person) (estate and person)

***Strike if not applicable.**

is _____

[printed name of person with a disability's preference to serve as standby Guardian]

*b. The preference of a person with a disability as to the choice of a standby Guardian of the person is _____

_____ [printed name of person with a disability's preference to serve as standby Guardian of the person]

6. The facts concerning the consent of the Guardian of the person with a disability to the appointment of the standby Guardian, or the willingness and ability of the Guardian of the person with a disability to make and carry out day-to-day care decisions concerning the person with a disability are the following: _____

7. The facts concerning the execution or admission to probate of the written designation of the standby guardian, if any, a copy of which is attached as Exhibit B to this Petition, are the following: _____

8. The facts concerning any guardianship court actions pending concerning the person with a disability are the following: _____

9. The facts concerning the willingness of the proposed standby Guardian to serve, and in the case of the Office of State Guardian or the Public Guardian, evidence of a written acceptance to serve signed by the State Guardian, or the Public Guardian or an authorized representative of the State Guardian or the Public Guardian, consistent with subsection (b) of §11a-3.1 of the Probate Act, are the following: _____

The Petitioner asks that _____, [printed name of the proposed standby Guardian]

be appointed as standby Guardian of the _____ of the Respondent (estate) (person) (estate and person)

*and that _____ [printed name of the proposed successor standby Guardian]

be appointed as successor standby Guardian of the _____ of the Respondent. (estate) (person) (estate and person)

***Strike if inapplicable.**

Attorney Number _____

Name _____

[signature of the Petitioner]

Firm Name _____

[address of the Petitioner]

Attorneys for _____

Address _____

[city/state/zip]

City/State/Zip _____

Service via email from opposing party/counsel will be accepted at: _____

Telephone _____

by consent pursuant to Ill. Sup. Ct. Rules 11 and 131.

Email _____