

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

Estate of \_\_\_\_\_

No. \_\_\_\_\_

A Disabled Person

ORDER APPOINTING STANDBY GUARDIAN AS PLENARY GUARDIAN OF DISABLED PERSON

On the Petition of \_\_\_\_\_, the duly appointed standby  
(printed name of the standby Plenary Guardian)

Plenary Guardian of the disabled person, and the Court having found that the Plenary Guardian of the disabled person heretofore appointed is no longer acting:

IT IS ORDERED that:

\*A. \_\_\_\_\_ be appointed as Plenary Guardian of the  
(printed name of the standby Plenary Guardian)

estate  estate and person of the disabled person;

\*B. \_\_\_\_\_ be appointed as Plenary Guardian of the person of the disabled person;  
(printed name of the standby Plenary Guardian)

C. Letters of Plenary guardianship issue in accordance with the provisions of this Order.

D. \* i. The bond of the Plenary Guardian of the  estate  estate and person, and the surety thereon, be approved.

\* ii. The bond of the Plenary Guardian of the person be approved.

\*E. The Plenary Guardian of the estate shall present to the Court:

i. an Inventory as required by §14-1 of the Probate Act of 1975 ("Probate Act") (755 ILCS 5/14-1) within sixty (60) days from the date of this Order, or shall appear before the Court on \_\_\_\_\_,  
(not more than 60 days after the date of this Order)

at \_\_\_\_\_ a.m./p.m.

ii. a verified Account as required by §24-11(a) of the Probate Act within thirty (30) days after the expiration of one year from the date of this Order, and annually thereafter, or shall appear before the Court

on \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.  
(not more than 13 months after the date of this Order).

\*F. The Plenary Guardian of the person shall file a Report as required by §11a-17(b) of the Probate Act within thirty (30) days after the expiration of one year from the date of this Order, and annually thereafter, or shall appear before the Court on \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.  
(not more than 13 months after the date of this Order).

\*Strike if not applicable.

Atty. No.: \_\_\_\_\_

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Attorney for the Petitioner: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

ENTERED:

Dated: \_\_\_\_\_

Judge

Judge's No.