

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

File No. _____

Estate of _____

Alleged Person with a Disability

SUMMONS FOR APPOINTMENT OF GUARDIAN OF A PERSON WITH A DISABILITY

To: _____

You are summoned to appear at a hearing on a **PETITION FOR APPOINTMENT OF GUARDIAN OF A PERSON WITH A DISABILITY** to adjudge you a person with a disability and to have a Guardian appointed to make decisions for you regarding yourself or your property or both; a copy of the **PETITION** is attached. As the Respondent in the **PETITION**, you have certain rights under the law; those rights are explained in the **NOTICE OF RIGHTS OF RESPONDENT** which is printed on the next page of this **SUMMONS**.

The hearing to determine whether or not a Guardian will be appointed for you will be held on _____, _____ at _____ m in Room _____ of the Richard J. Daley Center, 50 West Washington Street, Chicago, Illinois 60602.

Dated: _____, _____

Clerk of Court

[Seal of Court]

TO THE OFFICER:

This **SUMMONS**, **PETITION** and **NOTICE** must be served on the alleged person with a disability **PERSONALLY** no 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 fees, if any, no later than 2 days after service. If service cannot be made on the alleged person with a disability personally, this **SUMMONS** shall be returned so endorsed.

RETURN

I certify that on _____, _____:

- *1. I served this **SUMMONS** on the alleged person with a disability by leaving a copy with the person **PERSONALLY** and informing the person of its contents.
- *2. I was unable to serve this **SUMMONS** on the alleged person with a disability.

_____, Sheriff of _____ County
By _____, Deputy

* Strike if not applicable

SHERIFF'S FEE

Service and return _____ \$ _____

Miles _____ \$ _____

Total _____ \$ _____

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.

The date and time of the hearing are: _____, at _____ m

The place where the hearing will occur is: Room _____, Richard J. Daley Center
50 West Washington Street
Chicago, Illinois 60602

The Judge's name and phone number is: Judge _____
(312) 603-6441

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.

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.

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.

Attorney Number _____

Name _____

Firm Name _____

Attorneys for _____

Address _____

City/State/Zip _____

Telephone _____

Email _____