

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

File No. _____

Estate of _____

A Person with a Disability

STATEMENT OF RIGHT TO PETITION FOR TERMINATION OF
ADJUDICATION OF DISABILITY, REVOCATION OF LETTERS OF GUARDIANSHIP OR
MODIFICATION OF DUTIES OF GUARDIAN

To: _____

You have been adjudged a person with a disability. A Guardian has been appointed for you, and the duties of your Guardian have also been determined. A copy of the ORDER appointing your Guardian is attached to this NOTICE for your information.

You have the right under §11a-20 of the Illinois Probate Act of 1975 to petition for termination of adjudication of your disability, for revocation of your Guardian's letters of guardianship of estate or person, or both, or for modification of the duties of your Guardian. If you believe that you are able to make or communicate decisions about yourself or manage your financial affairs, you may ask the Court for assistance in discharging your Guardian or modifying your Guardian's duties.

You can contact the Court by any means, including a telephone call, an informal letter or a visit; however, a written request is preferable.

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

The Judge's name and address: Judge _____
Probate Division, Circuit Court of Cook County
Room _____, Richard J. Daley Center
50 West Washington Street
Chicago, Illinois 60602

Attorney Number _____

Name _____

Firm Name _____

Attorneys for _____

Address _____

City/State/Zip _____

Telephone _____

Email _____