

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

**PROBATE DIVISION**

Estate of \_\_\_\_\_ )  
 )  
 ) No.  
Alleged Disabled Person \_\_\_\_\_ )

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Hearing on Petition set for  
\_\_\_\_\_,  
Lake County Courthouse  
Waukegan, Illinois  
\_\_\_\_\_ am/pm  
Courtroom \_\_\_\_\_

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**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 to the Respondent is:  
\_\_\_\_\_
3. The reasons for this guardianship is 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 are \$ \_\_\_\_\_
5. The names and post-office addresses of the Respondent's guardians 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 \_\_\_\_\_ (occupation) qualified and willing to act; be appointed as guardian of the Respondent's, \_\_\_\_\_  
(estate) (estate and person)

c. \_\_\_\_\_  
(name) (address)

age \_\_\_\_\_ years \_\_\_\_\_ qualified and willing to act; be appointed  
(occupation)  
as 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.

Name  
Attorney for  
Address  
City & Zip  
Telephone  
Atty. No.

\_\_\_\_\_  
Petitioner

Address \_\_\_\_\_

City \_\_\_\_\_

\* If alleged disabled person is a nonresident add "owning real estate in the county" or "owning 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.