

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

Hearing on petition set for
M. Room
Richard J. Daley Center
Chicago, Illinois 60602

ESTATE OF



No. _____

Docket _____

Page _____

Alleged Disabled Person

2605

PETITION FOR APPOINTMENT OF GUARDIAN FOR DISABLED PERSON

_____ on oath states:

- 1. _____, whose date of birth is _____ and place of residence is _____, is a disabled person.
2. The relationship and interest of the petitioner to the respondent is: _____.
3. The reason for the guardianship is that the respondent is a disabled person due to _____ and because of such disability*(a) lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the care of the respondent's person *and (b) is unable to manage the respondent's estate or financial affairs.
4. a. The approximate value of estate: Personal \$ _____ Real \$ _____
b. The anticipated gross annual income and other receipts of the respondent: \$ _____
5. The names and post-office addresses of the respondent's guardian, if any, agent(s) appointed under the Illinois Power of Attorney Act, if any, and nearest relatives are listed on Exhibit A attached hereto. "Nearest relatives" means respondent's spouse, adult children, parents, and adult brothers and sisters, or if none, respondent's nearest adult kindred.
6. The name and address of the person with whom or the facility in which the respondent is residing is:

Petitioner asks that _____ be adjudged a disabled person and

*(a) _____ (name) _____ (post-office address)
_____, age _____ years, _____ (city and state) _____ (relationship to respondent) _____ (occupation)
qualified and willing to act, be appointed as guardian of the respondent's
0002 (estate) 0003 (estate and person)
1002 1003

*(b) _____ (name) 0001 (person) 1001 _____ (post-office address)
_____, age _____ years, _____ (city and state) _____ (relationship to respondent) _____ (occupation)
qualified to act, be appointed as guardian of the person only.

Atty. No.: _____
Name: _____
Firm Name: _____
Attorney for Petitioner: _____
Address: _____
City/State/Zip: _____
Telephone: _____

Petitioner
Address _____
City/State/Zip _____

*Strike if not applicable.

Signed and sworn to before me this _____ day of _____,

_____, Notary Public