

STATE OF ILLINOIS UNITED STATES OF AMERICA COUNTY OF DU PAGE
IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

IN RE: THE ESTATE OF:

CASE NUMBER

ALLEGED DISABLED PERSON

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_____, on oath states:

1. _____ 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 reason(s) for the guardianship is that the Respondent is a disabled person due to: _____

and because of such disability: ** _____

4. The approximate value of the estate: Personal: \$ _____ Real: \$ _____ The anticipated gross annual income and other receipts of the Respondent are \$ _____

5. The names and post office addresses of the Respondent's nearest relatives and guardian, if any, are (list spouse and children; if not, the Respondent's parent brothers and sisters; if none, nearest kindred.)

6. The name and address of the person with whom, or facility in which the Respondent is residing:

Petitioner asks that _____ be adjudged a disabled person and that _____ qualified and willing to act, be appointed the guardian of the Respondent's (estate) (person) (person and estate).

The guardianship shall be for the limited purpose of: _____

No less restrictive means will reasonably protect the assets and/or ensure the safety of the alleged disabled person.

Name: _____ PRO SE _____

DuPage Attorney Number: _____ Address: _____

Attorney for: _____ City/State/Zip: _____

Address: _____ Date _____

City/State/Zip: _____

Telephone: _____

CIRCUIT COURT CLERK/NOTARY PUBLIC

*If alleged disabled person is a nonresident, add "owning real estate in this 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.

(c) both (a) and (b)