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GUARDIANSHIP IN COOK COUNTY

1. Physician for child completes “Report of Physician” which is attached. Report is only good for 90 days and Report can be prepared prior to the child’s 18th birthday, but the Petition for Guardianship must be filed within 90 days with the Clerk of the Circuit Court of Cook County. The Court date can be greater than 90 days from the Report.
2. File Petition for Guardianship (see attachment) on or after the child turns 18. In Cook County, the Guardianship paperwork is filed at the Richard J. Daley Center on the 12th floor – Probate Division.
3. There is a **FREE HELP DESK** to assist you in filing for Guardianship in Room 1201 of the Daley Center. They are open from 8:30 a.m. to 4:30 p.m. Monday through Friday, when the Courts are open. At the Help Desk they can assist you in filing out the necessary Court forms. **Prior to going to the Help Desk, if you have the “Report of Physician” completed for your child, you may be able to file all the legal papers with the Clerk’s Office on that day.** Also, if the child is going to have Co-Guardians (such as the Mother and Father) then both parents will need to appear at the Help Desk together to fill out the forms.
4. When you go to Court, your child and all the Guardians should appear in Court before the Judge.

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

File No. _____

Estate of _____

Alleged Person with a Disability

REPORT OF PHYSICIAN

_____, a licensed physician, submits the following Report on
[printed name of the physician]

_____, an alleged person with a disability (the "Respondent"), based
[printed name of the alleged person with a disability]

upon evaluations of the Respondent performed on _____.

NOTE: The evaluations upon which this Report is based must have been performed within three (3) months of the date the Petition for guardianship is filed.

1. The following is a description of the nature and type of the Respondent's disability and an assessment of how the disability impacts on the ability of the Respondent to make decisions or to function independently, including an underlying diagnosis and a description of the manifestations of the disability:

2. The following is an analysis and the results of evaluations of the Respondent's mental and physical condition, and (if appropriate) a description of the Respondent's educational condition, adaptive behavior and social skills:

3. The following is my opinion as to whether guardianship is needed, the type and scope of the guardianship needed, and the reasons for my opinion, including whether the Respondent is **totally** or only **partially** incapable of making **personal** and **financial** decisions and if only **partially**, the kinds of decisions which the Respondent can and cannot make:

4. The following is my recommendation as to the most suitable living arrangement for the Respondent and (if appropriate) the treatment or habilitation plan for the Respondent, and the reasons for my recommendation:

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If the description of the Respondent's mental, physical and educational condition, adaptive behavior or social skills is based upon evaluations by other professionals, all professionals preparing evaluations must also sign this Report.

5. The following are the names, addresses, certifications, licenses or other credentials, and signatures of each other person who performed an evaluation upon which this Report is based:

a. Name _____

Address _____

License (state and number) _____

Certification _____

Other credentials _____

Signature _____

b. Name _____

Address _____

License (state and number) _____

Certification _____

Other credentials _____

Signature _____

* _____
 [signature of the physician preparing this Report]

[license (state and number)]

[address of the physician]

[city/state/zip]

[physician's telephone]

Certification _____

Other credentials _____

***This Report must be signed by a licensed physician.**

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

File No. _____

Estate of _____

Alleged Person with a Disability

PETITION FOR APPOINTMENT OF GUARDIAN OF A PERSON WITH A DISABILITY

Does the Petitioner expect the Alleged Person With A Disability to appear in court? Yes No

In accordance with §11a-8 of the Probate Act of 1975 ("Probate Act") [755 ILCS 5/11a-8] and §§201 - 204 of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act ("UAGPPJA") [755 ILCS 8/201 - 204], the

Petitioner, _____ [printed name of the Petitioner]

states under the penalties of perjury:

1. _____ (the "Respondent"),
[printed name of the alleged person with a disability]
whose year of birth is _____, who is 18 years or older, who resides in Cook County, and whose
place of residence is _____,
_____ is a person with a disability;

[address/city/county/state/zip code]

2. The relationship to and interest in the Respondent of the Petitioner is _____

*3. The reasons for the guardianship are that the Respondent is a person with a disability due to _____
_____ and because of that disability

[description of disability]

(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;

4. (a) The approximate value of the Respondent's estate is: Personal \$ _____ Real \$ _____;

(b) The amount of the Respondent's anticipated annual gross income and other receipts are: \$ _____;

5. The names and post office addresses of the Respondent's Guardian, if any, or of the Respondent's agent(s) appointed under any Power of Attorney Act, if any, and of the Respondent's nearest relatives entitled to notice, are listed on Exhibit A attached to this Petition "Nearest relatives" means, in the following order, (a) the spouse (including a party to a civil union) and adult children, the parents and adult brothers and sisters or, if none, (b) the nearest adult kindred known to the Petitioner;

6. The names and post office addresses of any minor or adult who is dependent upon the Respondent are also listed on Exhibit A attached to this Petition.

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

* 8. (a) No Petition for the appointment of a Guardian of the Respondent is pending in any other jurisdiction;
(b) A Petition for the appointment of a Guardian of the Respondent is pending in _____;

**9. (a) Illinois is the Respondent's "home state" as defined in §201(a)(2) of the UAGPPJA.
(b) _____ is the Respondent's "home state", but Illinois is a "significant-connection state" as defined in §201(a)(3) of the UAGPPJA, and one of the additional requirements specified in §203(2)(A)-(B) of UAGPPJA applies.

* Check the appropriate box or boxes

** Check the appropriate basis for jurisdiction

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

(c) Illinois is not the Respondent's "home state" or a "significant-connection state" as defined in §201(a)(2)-(3) of the UAGPPJA, but the "home state" and every "significant-connection state" have declined to exercise jurisdiction because Illinois is the most appropriate forum.

(d) Illinois is not the Respondent's "home state" or a "significant-connection state" as defined in §201(a)(2)-(3) of the UAGPPJA, but the circumstances involved constitute an "emergency" as defined in §201(a)(1) of the UAGPPJA, and, as a result, the Court has "special jurisdiction" under §204(a) of the UAGPPJA.

The Petitioner asks that _____ be adjudged a person with a disability, and that
[printed name of the Respondent]

A. _____
[printed name of the proposed Guardian]

_____ [post office address/city/state/zip code]

age _____ years, _____, _____
[relationship to the Respondent] [occupation]

who is qualified and willing to act and who _____ been convicted of a felony, be
(has) (has not)

appointed as Guardian of the _____ of the Respondent.
(estate and person) (estate only)

*** B. _____
[printed name of the proposed Guardian]

_____ [post office address/city/state/zip code]

age _____ years, _____, _____
[relationship to the Respondent] [occupation]

who is qualified and willing to act and who _____ been convicted of a felony, be
(has) (has not)

appointed as Guardian of the person only of the Respondent.

*** C. _____
[printed name of the proposed Guardian]

be appointed even though _____ has been convicted of a felony because:
(he) (she)

- (i) the appointment is in the Respondent's best interests, after considering the nature and date of the offense and the evidence of the proposed Guardian's rehabilitation, and
- (ii) the offense is not one which, under §11a-5(5) of the Probate Act, would prohibit the appointment.

*** Strike if not applicable.

Attorney Number _____

Name _____

Firm Name _____

Attorneys for _____

Address _____

City/State/Zip _____

Telephone _____

Email _____

[signature of the Petitioner]

[address of the Petitioner]

[city/state/zip code]

Service via Email will be accepted at:

by consent pursuant to Ill. Sup. Court Rules 11 and 131.

Attorney Certification

EXHIBIT A

**Attached to and made a part of a
PETITION FOR APPOINTMENT OF GUARDIAN OF A PERSON WITH A DISABILITY**

List the names and post office addresses (i) of the persons entitled to receive notice under paragraph 5, and (ii) of the minors or adults who are dependent upon the Respondent under paragraph 6, of the Petition to which this Exhibit A is attached.

I. Respondent's Guardian(s) or agent(s) appointed under the Illinois Power of Attorney Act

Has a Court appointed a Guardian for the Respondent? Yes No Unknown
 Has the Respondent executed a Power of Attorney for Property? Yes No Unknown
 Has the Respondent executed a Power of Attorney for Health Care? Yes No Unknown

Provide the following information with respect to each Guardian and agent:

_____ [name] _____ [address] _____ [city/state/zip] _____ [relationship to the Respondent] _____ [telephone] [email]	_____ [name] _____ [address] _____ [city/state/zip] _____ [relationship to the Respondent] _____ [telephone] [email]		
Type of guardianship: Adult Minor Person Estate	Type of Power of Attorney: Property Health Care	Type of guardianship: Adult Minor Person Estate	Type of Power of Attorney: Property Health Care

If the Respondent has one or more additional Guardian(s) or agent(s), provide the above information with respect to each on an additional page.

II. Respondent's Nearest Relatives Entitled to Notice

A. Does the Respondent have a spouse (by marriage or civil union) and adult children, parents and adult brothers and sisters living?

If "No" or "Unknown", proceed to paragraph B below.

If "Yes", provide the following information with respect to each:

Spouse

Adult Child

_____ [name] _____ [address] _____ [city/state/zip] _____ [telephone] [email]	_____ [name] _____ [address] _____ [city/state/zip] _____ [telephone] [email]
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Adult Child

Adult Child

_____ [name]	_____ [name]
_____ [address]	_____ [address]
_____ [city/state/zip]	_____ [city/state/zip]
_____ [telephone]	_____ [email]

If the Respondent has one or more additional adult children living, provide the above information with respect to each on an additional page.

Parent

Parent

_____ [name]	_____ [name]
_____ [address]	_____ [address]
_____ [city/state/zip]	_____ [city/state/zip]
_____ [telephone]	_____ [email]

Adult Brother or Sister

Adult Brother or Sister

_____ [name]	_____ [name]
_____ [address]	_____ [address]
_____ [city/state/zip]	_____ [city/state/zip]
_____ [telephone]	_____ [email]

If the Respondent has one or more additional adult brothers and sisters living, provide the above information with respect to each on an additional page.

B. If the Respondent has no spouse, no adult child, no parent and no adult brother or sister, provide the following information with respect to each nearest adult relative:

_____ [name] [relationship]	_____ [name] [relationship]
_____ [address]	_____ [address]
_____ [city/state/zip]	_____ [city/state/zip]
_____ [telephone]	_____ [email]

_____ [name] [relationship]	_____ [name] [relationship]
_____ [address]	_____ [address]
_____ [city/state/zip]	_____ [city/state/zip]
_____ [telephone] [email]	_____ [telephone] [email]

If the Respondent has one or more additional adult relatives living, provide the above information with respect to each on an additional page.

III. Minor(s) and Adult(s) Dependent Upon the Respondent

Does the Respondent have one or more minors or adults who are dependent upon the Respondent?

Yes No Unknown

If "Yes", provide the following information with respect to each:

Dependent	Minor	Adult	Dependent	Minor	Adult
_____ [name] [relationship]			_____ [name] [relationship]		
_____ [address]			_____ [address]		
_____ [city/state/zip]			_____ [city/state/zip]		
_____ [telephone] [email]			_____ [telephone] [email]		

If the Respondent has one or more additional adult relatives living, provide the above information with respect to each on an additional page.