

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

**ORDER APPOINTING  
GUARDIAN  
FOR A  
DISABLED PERSON**

File Stamp Here

On the verified petition of \_\_\_\_\_ for an adjudication of disability and the appointment of a guardian for the ☐ estate ☐ person ☐ estate **and** person of the above named alleged disabled person, the Court having heard the evidence presented **FINDS:**

## 1. The Respondent is:

- ☐ A disabled person and is totally without understanding or capacity to make or communicate decisions regarding his / her person.
- ☐ A disabled person and it totally unable to manage his / her estate or financial affairs.
- ☐ Is an alleged disabled person and a temporary guardian is necessary for the immediate welfare and protection of the alleged disabled person and his / her estate.

## 2. The factual basis for the finding of the Court is as follows per record.

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

**IT HEREBY ORDERED** that:

1. \_\_\_\_\_ is appointed ☐ temporary ☐ plenary guardian of the ☐ estate ☐ person ☐ estate **and** person of the disabled person.

2. The duration and term of the guardianship shall be \_\_\_\_\_

3. Letters of guardianship shall issue in accordance with the provisions of this order.

4. The Guardian of the Estate Shall file an initial inventory within 60 day or on or before \_\_\_\_\_

5. The annual Report and Accounting shall be presented in room \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_

A copy of the **Annual Report and Accounting** shall be delivered to the Assigned Judge (30 )days prior to the court date.

Name: \_\_\_\_\_ ☐ Pro Se

DuPage Attorney Number: \_\_\_\_\_

Attorney for: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date

Judge