

NEW CASE PROBATE INFORMATION SHEET

County of Kane)
County of Kendall) SS.
County of DeKalb)

Case No.: _____

(PLEASE TYPE or PRINT)

1. Case Type: **PROBATE**

2. Sub case type: _____
(See reverse for Code) Numeric Code Description

3. P1: Deceased Disabled Person Minor/Guardian

Name: _____
(Last) (First) (M.I.)

Attorney (State of Illinois Registration Number): _____

Name: _____
(Last) (First) (M.I.)

4. D1: Deceased Disabled Person Minor/Guardian
(check one)

Date of Death (if applicable): _____
(Month) (Day) (Year)

Type of Administration: Supervised Independent (check one)

Date of Birth: _____ **(FOR MINOR ONLY)**
(Month) (Day) (Year)

5. Please give the complete name, address, zip code and time of your nominee(s) for:

Executor Administrator Guardian
Name: _____

Address: _____

City, State, Zip Code: _____

6. Is real estate involved: Yes No

7. List all heirs, first name, middle initial, last name (no address required) below:

PROBATE CODES

Probate (P)

- 0708 WILL CONTEST
- 0709 CONSTRUCTION OF WILL
- 1201 DECEDENT - TESTATE INDEPENDENT ADMIN
- 1202 DECEDENT - TESTATE SUPERVISED ADMIN
- 1203 DECEDENT - INTESTATE INDEPENDENT ADMIN
- 1204 DECEDENT - INTESTATE SUPERVISED ADMIN
- 1205 DECEDENT - TESTATE OR INTESTATE OF MISSING PERSONS
- 1206 DECEDENT - SMALL ESTATE - REAL ESTATE AND PERSONAL
- 1207 DECEDENT - PROOF OF HEIRSHIP ALONE
- 1208 DECEDENT - DOMESTIC / FOREIGN WILL ADMITTED W/O ADMIN
- 1209 DECEDENT - LETTERS OF OFFICE W/O ADMIN
- 1210 DECEDENT - COLLECTION OF JUDG /SETLMNT OF CLAIM FOR WRONGFUL DEATH WITH NO OTHER ADMIN
- 1211 DECEDENT - COLLECTION OF JUDG /SETLMNT OF CLAIM FOR WRONGFUL DEATH WITH NO OTHER ADMIN AND DOES NOT EXCEED \$5,000
- 1212 GUARDIAN OF DISABLED PERSON
- 1213 GUARDIAN OF ESTATE OF DISABLED PERSON
- 1214 GUARDIAN OF PERSON & ESTATE OF DISABLED PERSON
- 1215 GUARDIAN OF MINOR PERSON
- 1216 GUARDIAN OF ESTATE OF MINOR PERSON
- 1217 GUARDIAN OF PERSON & ESTATE OF MINOR PERSON
- 1218 GUARDIAN - SMALL ESTATE - REAL ESTATE AND PERSONAL
- 1219 GUARDIAN - WHEN LETTERS ISSUED IN ESTATE TO GUARDIAN OF PERSON, BUT NOT ESTATE
- 1220 GUARDIAN - WHEN LETTERS ISSUED IN ESTATE OF WARD W/O ADMIN
- 1221 GUARDIAN - COLLECTION OF JUDG /SETLMNT OF CLAIM FOR WRONGFUL DEATH WITH NO OTHER ADMIN
- 1222 GUARDIAN - COLLECTION OF JUDG /SETLMNT OF CLAIM FOR WRONGFUL DEATH WITH NO OTHER ADMIN AND DOES NOT EXCEED \$5,000
- 1223 GUARD/MINOR DCFS
- 1224 CONST OF TEST TRST (DURING PENDENCY)
- 1230 OTHER (SPECIFY)

**THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

**IN THE MATTER OF THE
ESTATE OF:**

Case No. _____

Deceased Minor Disabled Person

**BOND
(Surety)**

BOND TYPE:

New Additional
 Sale of Mortgage of
Real Estate

KNOW ALL MEN BY THESE PRESENTS, THAT WE, the principal and sureties named within are bound to the People of the State of Illinois in the penal sum stated herein in lawful money of the United States, for the payment of which we and each of us bind ourselves and our heirs, executors and administrators, jointly and severally by these presents.

AMOUNT OF BOND:

\$ _____

NOW THEREFORE, the condition of this obligation is such, that if the said legal representative faithfully discharge the duties of this office according to the law and does all acts which at any time may be required by law or by a Court, then this obligation is void; otherwise it remains in full force.

NAME OF PRINCIPAL:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

WITNESS our hands and seal this

_____ day of _____, 20____.

OFFICE OF PRINCIPAL (Appointee):

Executor Guardian

Administrator (only)

Administrator

To Collect

De Bonis Non

With Will Annexed

_____ for/of _____

Will Estate

Estate and Person

_____ SEAL

Principal

_____ SEAL

Surety

_____ SEAL

Surety

SURETIES:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Approved: _____, 20____

JUDGE

I, _____, certify that the Principal and Sureties named herein, who are each personally known to me to be the same persons whose names are subscribed to the above and foregoing appeared before me this day in person and acknowledged that they signed, sealed and delivered said instrument as their free and voluntary act for users and purposes as therein set forth.

DATE: _____, 20____

If new or additional bond show previous executed bond.

Amount \$ _____

Date _____

If Bond is for Sale or Mortgage of Real Estate, indicate which:

Sale

Mortgage

Clerk of the Court – Notary Public

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

**IN THE MATTER OF THE
ESTATE OF**

Deceased/Disabled/Minor

Case No. _____

OATH OF REPRESENTATIVE/OFFICE

DECEDENT/Alleged Disabled Person/Minor

Name

Address

City

State

Zip

I solemnly Swear (or affirm) that I will truly administer the estate of the decedent, so far as I know and that in administering the estate I will do and perform all acts required of me by law to the best of my ability.

Representative

TYPE OF REPRESENTATIVE:

- Administrator Only Person
 Administrator: Estate
 To collect Person & Estate
 De Bonis Non
 With Will Annexed
 Executor

Subscribed, Signed and sworn to before me

_____, 20____.

Circuit Clerk, Notary Public

REPRESENTATIVE/GUARDIAN

Name

Address

City

State

Zip

Telephone

CO- REPRESENTATIVE/GUARDIAN

Name

Address

City

State

Zip

Telephone

I _____ on oath state that I will discharge faithfully the duties of the office of
 Temporary Limited Plenary Guardian of the above named disabled person/minor.

NAME:

ATTORNEY FOR:

ADDRESS:

CITY:

Subscribed, Signed and sworn to before me

TELEPHONE:

_____, 20____.

Circuit Clerk, Notary Public

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

Case No. _____

ESTATE OF: (Alleged Disabled Person) Name _____ Address _____ City _____ State _____ Zip _____	Hearing on Petition set for: _____, 20__ at _____ M. DeKalb County Courthouse, Sycamore, Illinois. _____ JUDGE
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**PETITION FOR APPOINTMENT OF GUARDIAN
FOR DISABLED PERSON**

Your Petitioner, _____, on oath states:

The above named, whose residence is set forth herein, and whose date of birth is _____, 20__, is a disabled person owning real estate and/or personal property in DeKalb County, Illinois.

The relationship to and interest of your Petitioner in the respondent is:

The respondent is a disabled person due to: _____

and because of such disability, respondent lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the care of respondent's person, and/or is unable to manage his/her estate or financial affairs.

The approximate value of respondent's estate:

Personal \$ _____ Real \$ _____

The anticipated gross annual income and other receipts of respondent are: (Itemize)

The respondent's nearest relatives, and guardian (if any) are (list spouse and children: if none, list parents, brothers and sisters; if none, nearest kindred):

	Name	Relationship	Post Office Address	City	State
1.					
2.					
3.					

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

Now, therefore, your Petitioner asks that said respondent be adjudged a disabled person, and that a Temporary Limited Plenary Guardian be appointed for and on behalf of the alleged disabled person; and, that

_____, _____
(Name) (Address)
who is 18 years of age or older, and whose occupation is _____ who is qualified to act, be appointed
 Temporary Limited Plenary Guardian of the Estate Person Estate and Person for the limited purpose of _____
_____ for and on
behalf of the said respondent: and, that An No Authorization to appraise the goods and chattels of the respondent issue to _____.

SIGNED AND SWORN to before me this _____, 20____

(Notary Public – Clerk of the Court)

Petitioner
Address _____
City & State _____ Zip _____

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

Estate of: (Alleged Disabled Person)

Case No. _____

Name:

Address:

City:

State:

Zip:

(file stamp here)

**SUMMONS FOR APPOINTMENT OF
GUARDIAN FOR DISABLED PERSON**

You are summoned to appear at a hearing on a petition to adjudge you a disabled person and have a guardian appointed to make decisions for you regarding yourself or your property or both. A copy of the petition is attached.

On _____, 20____ at _____M. a hearing will be held in Room _____ of the DeKalb County Courthouse, 133 W. State St., Sycamore, Illinois, to determine whether or not a guardian shall be appointed for you.

The Court will appoint a person, called a guardian ad litem, to explain this matter to you.

At the hearing, you have a right to be represented by a lawyer. You have the right to attend the hearing. If you do not have a lawyer, the Court will appoint one for you unless the Court finds that a lawyer is not required. You have the right to demand a jury trial. You may confront and cross-examine all witnesses and present your own witnesses. You have the right to request that your hearing to be closed to the public. You have the right to request that an expert be appointed to examine you.

Name:

Witness, _____, 20____

Attorney for Petitioner:

Address:

City/State:

Telephone:

Clerk of the Circuit Court

TO THE OFFICER:

This summons must be served on the alleged disabled person personally not later than 14 days before the day for appearance. The summons must be returned by the Officer, or other person to whom it was given for service, with endorsement of service and fees, if any, not later than 2 days after service. If service cannot be made on the alleged person personally, this summons shall be returned so endorsed.

RETURN

I certify that on _____, 20____ I served this summons on the alleged disabled person by leaving a copy with him/her personally and informing him/her of its contents.

Sheriff's Fees

Service and return \$ _____
Miles \$ _____
Total \$ _____

by _____ Sheriff Deputy

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

Case No. _____

ESTATE OF: (Alleged Disabled Person) Name Address City State Zip	ORDER FOR APPOINTMENT OF: [] Temporary Guardian [] Limited Guardian [] Plenary Guardian
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ORDER

On the verified petition of _____
for an adjudication of disability and the appointment of a [] Temporary Guardian; [] Limited or Plenary Guardian of the Estate; [] Limited or Plenary Guardian of the Person; [] Limited or Plenary Guardian of the Estate and Person of the above named disabled person, and the Court having heard the evidence presented, finds:

1. That the respondent is a disabled person and [] is totally without [] lacks some but not all of the understanding or capacity to make or communicate responsible decisions concerning the care of his/her person and/or [] is totally unable to manage [] lacks some but not all of the ability to manage his/her estate or financial affairs.
2. The factual basis for the finding of the Court is as follows: (Not required for appointment of Temporary Guardian).
3. And the Court having found that the appointment of a Guardian is necessary for the welfare and protection of the alleged disabled person or his/her estate;

IT IS THEREFORE ORDERED THAT:

1. _____ is appointed [] Temporary [] Limited [] Plenary Guardian of the [] estate [] person [] estate and person of the said disabled person.
2. The limits of the duties and powers of the Guardian herein appointed shall be:
3. The duration and term of the Guardianship established hereby shall be:
4. The legal disabilities to which the alleged disabled person is subject are as follows:
5. Appropriate Letters of Guardianship shall issue in accordance with the provisions of this Order.

Dated _____, 20____

Enter: _____
Judge

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

Estate of: (Alleged Disabled Person)

Case No. _____

Name:

Address:

City:

State:

Zip:

(file stamp here)

ORDER APPOINTING GUARDIAN AD LITEM FOR ALLEGED DISABLED PERSON

Pursuant to the provisions of Sec. 11a-10 of the Illinois Probate Act, _____
_____ is appointed guardian ad
litem (and counsel) for the above named respondent.

The guardian ad litem is directed to personally interview the respondent and inform respondent orally and in writing of the contents of the petition and of a respondent's rights under Sec. 11a-11 of the Illinois Probate Act.

The guardian ad litem is further directed to file a written report with the Court and to be present in Room _____, Courthouse, 133 W. State St., Sycamore, Illinois, on _____, 20____ at _____M.

Dated:

_____, 20____

ENTER:

JUDGE

Name:

Attorney for Petitioner:

Address:

City/State/Zip:

Telephone:

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE
ESTATE OF

Case No. _____

A Disabled Person

**STATEMENT OF RIGHT TO DISCHARGE
GUARDIAN OR MODIFY GUARDIANSHIP ORDER**

To: _____

As a result of a proceeding in the Probate Division of the Circuit Court of DeKalb County, you have been adjudged a disabled person, and a guardian has been appointed for you. The duties of your guardian have also been determined in this proceeding.

If at any time hereafter, you should find that your capacity to perform the tasks necessary for the care of your person or the management of your estate have changed so as to warrant the discharge of your guardian or the modification of your guardian's duties, you may petition the Court for such an Order.

You may communicate your request for an Order of Discharge or Modification by writing to the Presiding Judge of the Probate Division, DeKalb County Courthouse, 133 W. State St., Sycamore, IL 60178. Please send a copy of any such request to the guardian appointed for you and to the guardian's attorney of record.

Dated _____, 20____

Enter: _____

Judge

CERTIFICATE OF MAILING

I, **Maureen A. Josh**, Clerk of the Circuit Court of DeKalb County, do hereby certify that I have mailed to the person named herein above a copy of this Notice, by depositing the same in the U.S. Mail, postage prepaid, at Sycamore, Illinois 60178, the _____ day of _____, 20_____.

Clerk of the Circuit Court

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS
NOTICE OF RIGHTS OF RESPONDENT**

You have been named as a respondent in a guardianship petition asking that you be declared a disabled person. If the court grants the petition, a guardian will be appointed for you. A copy of the guardianship petition is attached for your convenience.

The date and time of the hearing are: _____.

The place where the hearing will occur is: DeKalb County Courthouse, 133 West State Street, Sycamore, Illinois.

The Judge's name and phone number is: _____.

If a guardian is appointed for you, the guardian may be given the right to make all important personal decisions for you, such as where you may live, what medical treatment you may receive, what places you may visit, and who may visit you. A guardian may also be given the right to control and manage your money and other property, including your home, if you own one. You may lose the right to make these decisions for yourself.

You have the following legal rights:

- (1) You have the right to be present at the court hearing.
- (2) You have the right to be represented by a lawyer, either one that you retain, or one appointed by the Judge.
- (3) You have the right to ask for a jury of six persons to hear your case.
- (4) You have the right to present evidence to the court and to confront and cross-examine witnesses.
- (5) You have the right to ask the Judge to appoint an independent expert to examine you and give an opinion about your need for a guardian.
- (6) You have the right to ask that the court hearing be closed to the public.
- (7) You have the right to tell the court whom you prefer to have for your guardian.

You do not have to attend the court hearing if you do not want to be there. If you do not attend, the Judge may appoint a guardian if the Judge finds that a guardian would be of benefit to you. The hearing will not be postponed or canceled if you do not attend.

IT IS VERY IMPORTANT THAT YOU ATTEND THE HEARING IF YOU DO NOT WANT A GUARDIAN OR IF YOU WANT SOMEONE OTHER THAN THE PERSON NAMED IN THE GUARDIANSHIP PETITION TO BE YOUR GUARDIAN. IF YOU DO NOT WANT A GUARDIAN OR IF YOU HAVE ANY OTHER PROBLEMS, YOU SHOULD CONTACT AN ATTORNEY OR COME TO COURT AND TELL THE JUDGE.

IN THE CIRCUIT COURT OF DEKALB COUNTY, ILLINOIS
PROBATE DIVISION

Estate of _____)
_____)
_____) No. _____
A Disabled Person _____)

ANNUAL REPORT ON WARD

Pursuant to Article 11a Section 17 (b) of the Probate Act of 1975, as amended, _____,
(Guardian's Name)
guardian of the _____ of the above-named ward, submits its annual report
(person, estate, or both)
as follows:

1. Age: _____ Mental Condition: _____
Physical Condition: _____
Social Condition: _____
2. Present living arrangement of the ward: _____

3. Medical, educational, vocational, and other professional services given by others:
Diagnosis: _____
Monitored by: _____ Current Weight: _____
Medications: _____ Diet: _____
Facility provides educational/vocational/social/PT-OT/speech services as needed.
4. Guardian's activities on behalf of ward:
Personal visits: _____
Staffings/reviews attended: _____
Various consents signed for placement, programming, release of information, medical needs.
5. Appropriateness of placement: _____
6. Recommendation as to the need for continued guardianship: _____

7. Other information considered useful in the opinion of the guardian:

Signed and sworn to before me
this _____ day of _____

Notary Public

Signed by: _____
Address: _____

Phone No.: _____