

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS - IN PROBATE**

IN RE THE ESTATE OF

Name of minor child(ren)

Minor(s)

CASE NO: _____

ACCEPTANCE OF OFFICE OF GUARDIAN OF THE ESTATE OF MINOR(S)

I, _____, hereby accept the office of Guardian of the
Name of guardian

Estate of _____.
Name of minor(s)

By accepting this office, I understand that I must abide by the duties and responsibilities required by law as set forth in the Illinois Probate Code at 755 ILCS 5/11-13, which specifically include the following:

Initial each:

_____ I understand that I am under a duty to annually report to this court about the expenditures and income of the minor(s). I acknowledge that I must be in court for my first report on _____, 20____, at _____ a.m. and understand that if I fail to appear this court may, at its discretion, terminate the guardianship, remove me as guardian, sanction me, and/or sentence me to a period in jail for contempt of court.

_____ I understand that I may not co-mingle the minor(s) assets or income with my own, which means that I may not mix any of my own money or assets with those belonging to the minor(s).

_____ I understand that I may not spend, sell, loan or give away any of the minor(s) personal property, bank or financial accounts, personal belongings or real property without specific approval of this Court.

_____ I understand that I may not pay or compensate myself for services provided to the minor(s) without specific approval of this Court.

_____ I understand that I am responsible for applying for any government assistance on behalf of the minor(s), if needed.

_____ I understand that I must apply to the Social Security Administration, Veteran's Administration, Public Aid or any other pensioner to be able to sign and receive the minor(s) income. I understand that the Social Security Administration, Veteran's Administration, Public Aid or any other pensioner may require additional information and accountings of any monies I may receive for the minor(s) from them.

_____ I understand that I am responsible for the filing of any federal, state or local tax returns required of the minor(s).

_____ I understand that I must ensure that any surety bonds required in this matter be paid on a timely and regular basis.

_____ I understand that I must appear on behalf of the minor/s in any legal proceeding regarding the minor(s), but that I may not enter into a criminal plea agreement on behalf of the minor(s).

_____ I understand that I must report any change of my address to this Court within fourteen (14) days of my move.

(Signature of guardian)

VERIFICATION

I, _____, being first duly sworn on oath, depose and state that I
Name of guardian

have read the foregoing acceptance, that I know the contents thereof.

(Signature of guardian)

Person/Attorney Who Prepared Form:

Name: _____

Address: _____

City and Zip: _____

Phone: _____

ARDC #: _____

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY