

<u>Name</u>	<u>Relationship</u>	<u>Post Office Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

List the current address of the alleged disabled adult (Include the name of the nursing home, if applicable).

7. The criminal history of the proposed guardian is as follows:

Mark box as appropriate:

- Has not been convicted of a felony.
- Has been convicted of a felony/felonies; listed below is the information:

_____	_____
Date	Offense and Sentence
_____	_____
Date	Offense and Sentence

COMPLETE THE FOLLOWING IF NURSING HOME OR RESIDENTIAL PLACEMENT IS NEEDED

8. That pursuant to 755 ILCS 5/11a-14.1, this court may authorize the guardian to allow residential placement of a ward if the court finds that residential placement is in the best interest of the ward and is necessary to prevent substantial harm to the ward.

9. That residential placement is necessary for the ward for the following reason(s):

List reason(s) why alleged disabled adult requires nursing home or residential placement.

IT IS THEREFORE ASKED THAT:

_____ be adjudged a disabled adult and that:

Name of alleged disabled adult

(a) _____, of _____,
Name of guardian Address of guardian
 age _____ years, the alleged disabled adult's _____,
Age of guardian Relationship of guardian to alleged disabled adult (Ex. Son or Daughter).
 a _____, qualified and willing to act, be appointed plenary guardian of the
Occupation of guardian
 respondent's person.

(b) _____, of _____,
Name of guardian Address of guardian
 age _____ years, the alleged disabled adult's _____,
Age of guardian Relationship of guardian to alleged disabled adult (Ex. Son or Daughter).
 a _____, qualified and willing to act, be appointed plenary guardian of the
Occupation of guardian
 respondent's estate.

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

- (c) That the plenary guardian of the person be authorized to place the ward in an appropriate residential facility (MARK IF NURSING HOME OR RESIDENTIAL PLACEMENT IS NEEDED).

(Signature of Petitioner)

Address of Petitioner: _____

Signed and sworn to before me
_____, 20 ____

(Notary Public)

Prepared by: _____
Attorney _____
ARDC # _____
Firm _____
Address _____
City & Zip _____
Telephone _____