

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

**IN RETHE ESTATE OF**

\_\_\_\_\_  
Name of disabled adult

**CASE NO:** \_\_\_\_\_

**Respondent, A Disabled Adult**

**ACCEPTANCE OF OFFICE OF GUARDIAN OF ESTATE OF DISABLED ADULT**

I, \_\_\_\_\_, hereby accept the office of Guardian of the  
Name of Guardian

Estate of \_\_\_\_\_.  
Name of disabled adult

By accepting this office, I understand that I must abide by the duties and responsibilities required by law and set forth in the Illinois Probate Code at 755 ILCS 5/11a-17, which specifically include the following:

Initial each:

\_\_\_\_\_ I understand that I am under a duty to annually report to this court about all expenditures and income of the disabled adult. 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, 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 disabled adult'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 disabled adult.

\_\_\_\_\_ I understand that I may not sell, loan or give away any of the disabled adult's personal property, belongings or real property without specific Order of this Court.

\_\_\_\_\_ I understand that I must only make expenditures of the disabled adult's money for the benefit of the disabled adult.

\_\_\_\_\_ I understand that I may not pay or compensate myself for services provided to the disabled adult without specific Order of this Court.

\_\_\_\_\_ I understand that I may not change beneficiaries on the disabled adult's bank accounts, life insurance policies, retirement accounts, trusts, or Will without specific Order of this Court.

\_\_\_\_\_ I understand that I am responsible for applying for any government assistance on behalf of the disabled adult, if needed.

**(SEE REVERSE SIDE)**

\_\_\_\_\_ I understand that I must apply to the Social Security Administration, Veteran's Administration or any other pensioner to be able to sign and receive the disabled adult's income. I understand that the Social Security Administration, Veteran's Administration or any other pensioner may require additional information and accountings of any monies I may receive for the disabled adult from them.

\_\_\_\_\_ I understand that I am responsible for the filing of any federal, state or local tax returns required of the disabled adult.

\_\_\_\_\_ 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 disabled adult in any legal proceeding regarding the disabled adult, but that I may not initiate a proceeding for dissolution of marriage or enter into a criminal plea agreement on behalf of the disabled adult.

\_\_\_\_\_ I understand that I must report any change of my address and/or the ward's address to the Court within fourteen (14) days of my move.

\_\_\_\_\_  
(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**