

5. It is necessary or convenient that a guardian of the estate and/or person of the minor(s) be appointed for one or more of the following reasons: (Check one or more)

Mother _____ died on _____.
Name Date of death

Father _____ died on _____.
Name Date of death

Mother's whereabouts are unknown. The minor's mother's last contact with the minor(s) was on _____
Date of visit
at _____
Where/How contact took place

Father's whereabouts are unknown. The minor's father's last contact with the minor(s) was on _____
Date of visit
at _____
Where/How contact took place

Mother is unable to take care of the minor(s) because: (State specific reasons) _____

Father is unable to take care of the minor(s) because: (State specific reasons) _____

6. 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 the following felony/felonies; listed below is the information:

_____/_____
Date of conviction Felony charge(s)

_____/_____
Date of conviction Felony charge(s)

Petitioner asks that _____, who lives at
Name of person who should be named as guardian

_____, who is
Street, City, Zip, & County

_____ years of age, who is the minor's _____, qualified and willing to act,
Guardian's age Relationship to child (grandmother/grandfather/aunt/uncle/etc.)

be appointed as guardian of the estate and/or person of the minor(s).

Petitioner: _____
Signature of person asking for guardian of minor(s)

Address: _____

Person/Attorney Who Prepared Form:

Name: _____

Address: _____

City and Zip: _____

Phone: _____

ARDC #: _____

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

***NOMINATION**

I, a minor over 14 years of age, nominate _____, of
Name of person wishing to be my guardian

_____, as guardian of my
Street, City, Zip, & County of person wishing to be my guardian
estate and person.

_____, 20_____
Date

Signature of Minor

ADDITIONAL NOMINATION (IF REQUIRED)

I, a minor over 14 years of age, nominate _____, of
Name of person wishing to be my guardian

_____, as guardian of my
Street, City, Zip, & County of person wishing to be my guardian
estate and person.

_____, 20_____
Date

Signature of Minor

***If there are multiple minors over the age of 14, please complete a nomination for each minor.**

Person/Attorney Who Prepared Form:

Name: _____

Address: _____

City and Zip: _____

Phone: _____

ARDC #: _____

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