

**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 PERSON OF MINOR(S)

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

Person 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 health and welfare 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 am responsible for the health and welfare of the minor(s).

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

_____ I understand that I may not remove the minor(s) from the State of Illinois for a period in excess of thirty (30) days without prior Court Order authorizing the removal of the minor(s). I understand that prior to the Court's approval of the removal of the minor(s) from the State of Illinois, I must demonstrate that the removal of the minor(s) is in the minor(s)'s best interests.

_____ I understand that I cannot transfer physical custody of the minor(s) to any other person, including the minor(s)'s biological parent(s), without a court order allowing the transfer.

(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 #: _____
Firm Name: _____

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