

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

**IN RE THE ESTATE OF**

\_\_\_\_\_  
Name of Disabled Adult

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

**Respondent, A Disabled Adult**

**ACCEPTANCE OF OFFICE OF GUARDIAN OF THE PERSON OF A DISABLED ADULT**

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

Person of \_\_\_\_\_.  
Name of disabled adult

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 5/11a-17, 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 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 force the disabled adult to stay in a nursing home or residential care facility without specific approval by this court.

\_\_\_\_\_ I understand that I am responsible for the health and welfare of the disabled adult.

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

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