

**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**

**VERIFIED STATEMENT IN SUPPORT OF PETITION FOR APPOINTMENT OF  
GUARDIAN FOR DISABLED ADULT**

\_\_\_\_\_, states as follows:  
Name of guardian

1. That I have been named as a proposed guardian for \_\_\_\_\_  
Name of disabled adult  
\_\_\_\_\_, a disabled adult.

2. That my driver's license and State in which it was issued is:  
\_\_\_\_\_  
Driver's License Number State who issued driver's license

3. That my Social Security Number is: \_\_\_\_\_

4. My employment information is as follows:  
Name of Employer: \_\_\_\_\_  
Address of Employment: \_\_\_\_\_  
Phone Number of Employer: \_\_\_\_\_

5. That the names and contact information for three persons residing in the State of Illinois that I am consistently in contact with and who know how to reach me are:

- Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
- Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
- Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Petitioner)

**CERTIFICATION**

I affirm under penalty of perjury that I have read the foregoing statement, that I know the contents thereof, and that the same are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Petitioner)

Person/Attorney Who Prepared Form:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City and Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
ARDC #: \_\_\_\_\_

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