IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT – PROBATE DIVISION

File No. _____

Estate of

John Doe

Alleged Person with a Disability

PETITION FOR APPOINTMENT OF GUARDIAN OF A PERSON WITH A DISABILITY

Does the Petitioner expect the Alleged Person With A Disability to appear in court? ☒ *Yes* ☐ *No*

In accordance with §11a-8 of the Probate Act of 1975 ("Probate Act") [755 ILCS 5/11a-8] and §§201 - 204 of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act ("UAGPPJA") [755 ILCS 8/201 - 204], the

Petitioner, Jane Doe
[printed name of the Petitioner]

states under the penalties of perjury:

1. John Doe (the "Respondent"),
[printed name of the alleged person with a disability]

whose year of birth is 2005, who is 18 years or older, who resides in Cook County, and whose place of residence is 1234 Main St., Chicago IL 60612

_____, is a person with a disability;
[address/city/county/state/zip code]

2. The relationship to and interest in the Respondent of the Petitioner is Mother

*3. The reasons for the guardianship are that the Respondent is a person with a disability due to _____ Developmental Delay - see CCP-211 dated 3/2/2023 and because of that disability
[description of disability]

☒ (a) lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the care of the Respondent's person;

☒ (b) is unable to manage the Respondent's estate or financial affairs;

4. (a) The approximate value of the Respondent's estate is: Personal $0 Real $0;

(b) The amount of the Respondent's anticipated annual gross income and other receipts are: $8123 SSI;

5. The names and post office addresses of the Respondent's Guardian, if any, or of the Respondent's agent(s) appointed under any Power of Attorney Act, if any, and of the Respondent's nearest relatives entitled to notice, are listed on Exhibit A attached to this Petition "Nearest relatives" means, in the following order, (a) the spouse (including a party to a civil union) and adult children, the parents and adult brothers and sisters or, if none, (b) the nearest adult kindred known to the Petitioner;

6. The names and post office addresses of any minor or adult who is dependent upon the Respondent are also listed on **Exhibit A** attached to this Petition.

7. The name and address of the person with whom, or the facility in which, the Respondent is residing is _____ 1234 Main St., Chicago IL 60612

*8. ☒ (a) No Petition for the appointment of a Guardian of the Respondent is pending in any other jurisdiction;

☐ (b) A Petition for the appointment of a Guardian of the Respondent is pending in _____;

**9. ☒ (a) Illinois is the Respondent's "home state" as defined in §201(a)(2) of the UAGPPJA.

☐ (b) _____ is the Respondent's "home state", but Illinois is a "significant-connection state" as defined in §201(a)(3) of the UAGPPJA, and one of the additional requirements specified in §203(2)(A)-(B) of UAGPPJA applies.

*** Check the appropriate box or boxes**
**** Check the appropriate basis for jurisdiction**

☐ (c) Illinois is not the Respondent's "home state" or a "significant-connection state" as defined in §201(a)(2)-(3) of the UAGPPJA, but the "home state" and every "significant-connection state" have declined to exercise jurisdiction because Illinois is the most appropriate forum.

☐ (d) Illinois is not the Respondent's "home state" or a "significant-connection state" as defined in §201(a)(2)-(3) of the UAGPPJA, but the circumstances involved constitute an "emergency" as defined in §201(a)(1) of the UAGPPJA, and, as a result, the Court has "special jurisdiction" under §204(a) of the UAGPPJA.

The Petitioner asks that John Doe be adjudged a person with a disability, and that
[printed name of the Respondent]

A. _____
[printed name of the proposed Guardian]

_____
[post office address/city/state/zip code]

age _____ years, _____, _____,
[relationship to the Respondent] [occupation]

who is qualified and willing to act and who _____ been convicted of a felony, be
(has) (has not)

appointed as Guardian of the _____ of the Respondent.
(estate and person) (estate only)

***B. Jane Doe
[printed name of the proposed Guardian]

1234 Main St., Chicago IL 60612
[post office address/city/state/zip code]

age 54 years, Mother, Teacher,
[relationship to the Respondent] [occupation]

who is qualified and willing to act and who has not been convicted of a felony, be
(has) (has not)

appointed as Guardian of the person only of the Respondent.

***C. _____
[printed name of the proposed Guardian]

be appointed even though _____ has been convicted of a felony because:
(he) (she)

(i) the appointment is in the Respondent's best interests, after considering the nature and date of the offense and the evidence of the proposed Guardian's rehabilitation, and

(ii) the offense is not one which, under §11a-5(5) of the Probate Act, would prohibit the appointment.

***** Strike if not applicable.**

_____
[signature of the Petitioner]

Attorney Number 91139
Name YOUR NAME
Firm Name Chicago Volunteer Legal Services
Attorneys for Petitioner
Address 33 N. Dearborn, Suite 400
City/State/Zip Chicago, IL 60602
Telephone 312-332-1624
Email YOUR EMAIL

1234 Main St.,
[address of the Petitioner]

Chicago IL 60612
[city/state/zip code]

Service via Email will be accepted at:
YOUR EMAIL
by consent pursuant to Ill. Sup. Court Rules 11 and 131.

_____
Attorney Certification

EXHIBIT A

Attached to and made a part of a

PETITION FOR APPOINTMENT OF GUARDIAN OF A PERSON WITH A DISABILITY

List the names and post office addresses (i) of the persons entitled to receive notice under paragraph 5, and (ii) of the minors or adults who are dependent upon the Respondent under paragraph 6, of the Petition to which this **Exhibit A** is attached.

I. Respondent's Guardian(s) or agent(s) appointed under the Illinois Power of Attorney Act

Has a Court appointed a Guardian for the Respondent? ☐ Yes ■ No ☐ Unknown

Has the Respondent executed a Power of Attorney for Property? ☐ Yes ■ No ☐ Unknown

Has the Respondent executed a Power of Attorney for Health Care? ☐ Yes ■ No ☐ Unknown

Provide the following information with respect to each Guardian and agent:

_____ [name] _____ [address] _____ [city/state/zip] _____ [relationship to the Respondent] _____ [telephone] _____ [email]	_____ [name] _____ [address] _____ [city/state/zip] _____ [relationship to the Respondent] _____ [telephone] _____ [email]
Type of guardianship: ☐ Adult ☐ Minor ☐ Person ☐ Estate Type of Power of Attorney: ☐ Property ☐ Health Care	Type of guardianship: ☐ Adult ☐ Minor ☐ Person ☐ Estate Type of Power of Attorney: ☐ Property ☐ Health Care

If the Respondent has one or more additional Guardian(s) or agent(s), provide the above information with respect to each on an additional page.

II. Respondent's Nearest Relatives Entitled to Notice

A. Does the Respondent have a spouse (by marriage or civil union) and adult children, parents and adult brothers and sisters living?

If "No" or "Unknown", proceed to paragraph B below.

If "Yes", provide the following information with respect to each:

Spouse	**Adult Child**
_____ [name] _____ [address] _____ [city/state/zip] _____ [telephone] _____ [email]	_____ [name] _____ [address] _____ [city/state/zip] _____ [telephone] _____ [email]

Adult Child

[name]

[address]

[city/state/zip]

[telephone] [email]

Adult Child

[name]

[address]

[city/state/zip]

[telephone] [email]

If the Respondent has one or more additional adult children living, provide the above information with respect to each on an additional page.

Parent

Joshua Doe
[name]

1234 Main St
[address]

Chicago, IL 60612
[city/state/zip]

312-555-1234 [telephone] JoshuaDoe@gmail.com [email]

Parent

[name]

[address]

[city/state/zip]

[telephone] [email]

Adult Brother or Sister

Jimmy Doe
[name]

1234 Main St.
[address]

Chicago, IL 60612
[city/state/zip]

312-555-6789 [telephone] JimmyDoe@gmail.com [email]

Adult Brother or Sister

Joanna Doe
[name]

5678 Common St
[address]

Chicago, IL 60613
[city/state/zip]

312-555-9876 [telephone] JoannaDoe@gmail.com [email]

If the Respondent has one or more additional adult brothers and sisters living, provide the above information with respect to each on an additional page.

B. If the Respondent has no spouse, no adult child, no parent and no adult brother or sister, provide the following information with respect to each nearest adult relative:

[name] [relationship]

[address]

[city/state/zip]

[telephone] [email]

[name] [relationship]

[address]

[city/state/zip]

[telephone] [email]

[name] [relationship] [address] [city/state/zip] [telephone] [email]	[name] [relationship] [address] [city/state/zip] [telephone] [email]

If the Respondent has one or more additional adult relatives living, provide the above information with respect to each on an additional page.

III. Minor(s) and Adult(s) Dependent Upon the Respondent

Does the Respondent have one or more minors or adults who are dependent upon the Respondent?

☐ Yes ☐ No ☐ Unknown

If "Yes", provide the following information with respect to each:

Dependent ☐ **Minor** ☐ **Adult** **Dependent** ☐ **Minor** ☐ **Adult**

[name] [relationship] [address] [city/state/zip] [telephone] [email]	[name] [relationship] [address] [city/state/zip] [telephone] [email]

If the Respondent has one or more additional adult relatives living, provide the above information with respect to each on an additional page.

IN THE CIRCUIT COURT OF THE COOK COUNTY, ILLINOIS

COUNTY/PROBATE **DEPARTMENT**

ESTATE OF

v.

JOHN DOE

No. _____

RULE 298 CERTIFICATION FOR WAIVER OF FEES
REPRESENTATION BY CIVIL LEGAL SERVICES PROVIDER OR
COURT-SPONSORED PRO BONO PROGRAM

Pursuant to Supreme Court Rule 298, the undersigned counsel hereby certifies that s/he is an attorney for CHICAGO VOLUNTEER LEGAL SERVICES,
(name of organization or court program)
a civil legal services provider or court-sponsored pro bono program as defined in 735 ILCS 5/5-105.5(a), and that CHICAGO VOLUNTEER LEGAL SERVICES
(name of organization or court program)
has made the determination that JANE DOE
(name of party)
has income of 125% or less of the current official poverty guidelines or is otherwise eligible to receive services under the eligibility guidelines of the civil legal services provider or court-sponsored pro bono program. As a result, under Supreme Court Rule 298, JANE DOE
(name of party)
is eligible to sue or defend without payment of fees, costs or charges as defined at 735 ILCS 5/5-105(a)(1).

/s/ _____
Attorney Certification

Name of Organization or Court Program: CHICAGO VOLUNTEER LEGAL SERVICES
Atty. No.: 91139
Name: Lisa K Murphy
Address: 33 N. Dearborn, Suite 400
City/State/Zip Code: Chicago, IL 60602
Telephone: 312-332-7546

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

ESTATE OF JOHN DOE, An Adult with Alleged Disability.	Case No: 2023 P 1234

MOTION TO WAIVE APPOINTMENT OF GUARDIAN *AD LITEM*

NOW COMES the Petitioner, JANE DOE, by and through her attorney, [INSERT YOUR NAME] of Chicago Volunteer Legal Services Foundation, and respectfully moves this court to waive the appointment of Guardian *ad litem* in consideration of the following facts:

1. The person with alleged disability, JOHN DOE, owns no property.
2. JOHN DO'S only income is 630.00 per month from SSI. The payee is JANE DOE.
3. The Petitioner is of limited means and are unable to pay the fee of a Guardian ad litem.
4. The Respondent, JOHN DOE, will personally appear in court for the hearing on the Petition to Appoint a Guardian for a Person with a Disability.

WHEREFORE, the Petitioner, JANE DOE, prays that this Honorable court waive the appointment of Guardian *ad litem* in this cause, or alternatively, appoint a *pro bono* guardian *ad litem*.

_____
JANE DOE, by their attorney

YOUR NAME
Chicago Volunteer Legal Services (#91139)
Attorney for Petitioner
33 N. Dearborn Street, Suite 400
Chicago, IL 60602
Phone No: (312) 332-1624
youremail@emailaddress.com

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

Estate Of
JOHN DOE
Alleged Person with a Disability

Case No. 2023 P 1234

SUMMONS FOR APPOINTMENT OF GUARDIAN OF A PERSON WITH A DISABILITY

To: John Doe
1234 Main St.,
Chicago IL 60612

You are summoned to appear at a hearing on a **Petition for Appointment of Guardian of Disabled Person** to adjudge you a disabled person and to have a Guardian appointed to make decisions for you regarding yourself or your property or both; a copy of the **Petition** is attached. As the Respondent in the **Petition**, you have certain rights under the law; those rights are explained in the **Notice of Rights of Respondent** which is printed on the back of this **Summons**.

The hearing to determine whether or not a Guardian will be appointed for you will be held on

_____ at 11 ◉ AM ○ PM.

FILING AN APPEARANCE: Your appearance date is NOT a court date. It is the deadline for filing your appearance/answer. To file your appearance/answer **YOU DO NOT NEED TO COME TO THE COURTHOUSE, unless you are unable to eFile your appearance/answer**. You can download an Appearance form at http://www.illinoiscourts.gov/Forms/approved/procedures/appearance.asp. After completing and saving your Appearance form, you can electronically file (e-File) it with the circuit clerk's office.

E-FILING: E-filing is now mandatory with limited exemptions. To e-File, you must first create an account with an e-Filing service provider. Visit http://efile.illinoiscourts.gov/ service-providers.htm to learn more and to select a service provider.

If you need additional help or have trouble e-Filing, visit http://www.illinoiscourts.gov/faq/gethelp.asp or talk with your local circuit clerk's office. If you cannot e-file, you may be able to get an exemption that allows you to file in-person or by mail. Ask your circuit clerk for more information or visit www.illinoislegalaid.org.

FEE WAIVER: If you are unable to pay your court fees, you can apply for a fee waiver. For information about defending yourself in a court case (including filing an appearance or fee waiver), or to apply for free legal help, go to www.illinoislegalaid.org. You can also ask your local circuit clerk's office for a fee waiver application.

COURT DATE: Your court date will be sent to your e-File email account or the email address you provided to the clerk's office. You can also call or email the clerk's office to request your next court date. You will need to provide your case number OR, if unknown, the name of the Plaintiff or Defendant. For criminal case types, you will also need to provide the Defendant's birthdate.

REMOTE APPEARANCE: You may be able to attend this court date by phone or video conference. This is called a "Remote Appearance". Call the Circuit Clerk at (312) 603-5030 or visit their website at HYPERLINK "http://www.cookcountyclerkofcourt.org" www.cookcountyclerkofcourt.org to find out how to do this.

Contact information for each of the Clerk's Office locations is included with this summons. The Clerk's office is open Mon - Fri, 8:30 am - 4:30 pm, except for court holidays.

Dated: _____

_____

Clerk of the Court

(Seal of Court)

RETURN

TO THE OFFICER:

This **Summons, Petition and Notice** must be served on the alleged disabled person **personally** no later than 14 days before the day for appearance. The **Summons** must be returned by the officer, or other person to whom it was given for service, with endorsement of service and fees, if any, no later than two (2) days after service. If service cannot be made on the alleged disabled person personally, this **Summons** shall be returned so endorsed.

I certify that on: _____

1. * ○ I served this **Summons** on the alleged disabled person by leaving a copy with the person **personally** and informing the person of its contents.
2. * ○ I was unable to serve this **Summons** on the alleged disabled person.

_____, Sheriff of _____ County

By _____, Deputy

SHERIFF'S FEE

Service and Return	$ _____
Miles	$ _____
Total	$ _____

NOTICE OF RIGHTS OF RESPONDENT

You have been named as the Respondent in a guardianship Petition asking that you be declared a disabled person. If the Court grants the Petition, a Guardian will be appointed for you. A copy of the **Petition for Guardianship** is attached for your convenience.

The date and time of the hearing is:	_____ 11 ◉ AM ○ PM
The place where the hearing will occur is:	Room: 1811 Richard J. Daley Center 50 W Washington St Chicago, IL 60602
The Judge's name and telephone number is:	Judge Susan Kennedy-Sullivan (312) 603-6441

If a Guardian is appointed for you, the Guardian may be given the right to make all important decisions for you, such as where you may live, what medical treatment you may receive, what places you may visit, and who may visit you. A Guardian may also be given the right to control and manage your money and other property, including your home, if you own one. You may lose the right to make those decisions for yourself.

You have the following legal rights:

1. You have the right to be present at the hearing.
2. You have the right to be represented by an attorney, either one whom you retain or one appointed by the Judge.
3. You have the right to ask for a jury of six persons to hear your case.
4. You have the right to present evidence to the Court and to confront and cross-examine witnesses.
5. You have the right to ask the Judge to appoint an independent expert to examine you and to give you an opinion about your need for a Guardian.
6. You have the right to ask that the hearing be closed to the public.
7. You have the right to tell the Court whom you prefer to have for your Guardian.

You do not have to attend the hearing if you do not want to be there. If you do not attend, the Judge may appoint a Guardian if the Judge finds that a Guardian would be of benefit to you. The hearing will not be postponed or canceled if you do not attend. If you are unable to attend the hearing in person or you will suffer harm if you attend, the Judge can decide to hold the hearing at a place that is convenient. The Judge can also follow the rule of the Supreme Court of this State, or its local equivalent, and decide if a video conference is appropriate.

It is very important that you attend the hearing if you do not want a Guardian or if you want someone other than the person named in the Guardianship Petition to be your Guardian or if you have any other problems, you should contact an attorney or come to Court and tell the Judge.

Atty. No.: 91139

Atty Name: YOUR NAME

Atty. for: Petitioner

Address: 33 N. Dearborn, Suite 400

City: Chicago

State: IL Zip: 60602

Telephone: 312-332-1624

Primary Email: YOUREMAIL@emailaddress.com

GET YOUR COURT DATE BY CALLING IN OR BY EMAIL

CALL OR SEND AN EMAIL MESSAGE to the telephone number or court date email address below for the appropriate division, district or department to request your next court date. Email your case number, or, if you do not have your case number, email the Plaintiff or Defendant's name for civil case types, or the Defendant's name and birthdate for a criminal case.

CHANCERY DIVISION
Court date EMAIL: ChanCourtDate@cookcountycourt.com
Gen. Info: (312) 603-5133

CIVIL DIVISION
Court date EMAIL: CivCourtDate@cookcountycourt.com
Gen. Info: (312) 603-5116

COUNTY DIVISION
Court date EMAIL: CntyCourtDate@cookcountycourt.com
Gen. Info: (312) 603-5710

DOMESTIC RELATIONS/CHILD SUPPORT DIVISION
Court date EMAIL: DRCourtDate@cookcountycourt.com
OR
ChildSupCourtDate@cookcountycourt.com
Gen. Info: (312) 603-6300

DOMESTIC VIOLENCE
Court date EMAIL: DVCourtDate@cookcountycourt.com
Gen. Info: (312) 325-9500

LAW DIVISION
Court date EMAIL: LawCourtDate@cookcountycourt.com
Gen. Info: (312) 603-5426

PROBATE DIVISION
Court date EMAIL: ProbCourtDate@cookcountycourt.com
Gen. Info: (312) 603-6441

ALL SUBURBAN CASE TYPES

DISTRICT 2 - SKOKIE
Court date EMAIL: D2CourtDate@cookcountycourt.com
Gen. Info: (847) 470-7250

DISTRICT 3 - ROLLING MEADOWS
Court date EMAIL: D3CourtDate@cookcountycourt.com
Gen. Info: (847) 818-3000

DISTRICT 4 - MAYWOOD
Court date EMAIL: D4CourtDate@cookcountycourt.com
Gen. Info: (708) 865-6040

DISTRICT 5 - BRIDGEVIEW
Court date EMAIL: D5CourtDate@cookcountycourt.com
Gen. Info: (708) 974-6500

DISTRICT 6 - MARKHAM
Court date EMAIL: D6CourtDate@cookcountycourt.com
Gen. Info: (708) 232-4551

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT – PROBATE DIVISION

ESTATE OF JOHN DOE Adult with Alleged Disability	NO: 23 P 1234 CAL: 16

NOTICE OF MOTION

To : SEE EXHIBIT A

On APRIL 14, 2023, at 11 am., or as soon thereafter as counsel may be heard, I shall appear before the Honorable Susan Kennedy-Sullivan or any Judge sitting in that Judge's stead, in the courtroom usually occupied by him/her at by Zoom video-conference platform and Present the attached

PETITION FOR APPOINTMENT OF GUARDIAN OF A PERSON WITH A DISABILITY

Instructions to attend the hearing via Zoom are attached to this Notice of Motion. The Instructions are also available at the Circuit Court of Cook County Probate Division's website at http://www.cookcountycourt.org/ABOUTTHECOURT/CountyDepartment/ProbateDivision.aspx. If you do not have access to the internet, you may call (312) 603-7545 or (312) 603-7546 for information.

Signature: _____

PROOF OF SERVICE BY DELIVERY

I on oath state that I served this notice and true and correct copy of the above document(s) and Remote Court Instructions by emailing copies to those parties on **Exhibit A** with email addresses listed and by US Mail to those parties without email addresses on _____.

Date: _____

Signature: _____

Attorney: Lisa Murphy
Chicago Volunteer Legal Services
Attorneys for:
33 N Dearborn St, Suite 400
Chicago, IL 60602
(312) 332-1624
Atty No. 91139
Lmurphy@cvls.org

Instructions for Probate Division
Virtual Hearings

Effective September 19, 2022

In light of the 2020 global coronavirus pandemic, in order to protect the health and safety of the general public and the Court's Judges and employees, and in furtherance of the measures set forth in Cook County Circuit Court General Administrative Order No. 2020-02 (amended September 3, 2020), until further notice, cases filed in the Probate Division will be managed pursuant to the following Instructions for virtual hearings.

1. Accessing the Zoom Hearing

a. Each Judge will utilize an individual Zoom Account through which he/she may conduct the daily call.

b. The meeting ID will remain the same for each Calendar on each day. The meeting ID for each Calendar is as follows:

Calendar	Name	Recurring Zoom #	Meeting Password
Calendar 1	Daniel Degnan	943-1309-9144	598-671
Calendar 2	Carolyn Gallagher	912-1199-9674	559-091
Calendar 7	Daniel Tiernan	937-7172-2336	655-983
Calendar 8	Kent Delgado	973-6333-0421	843-479
Calendar 9	Amee Alonso	958-0588-9933	871-226
Calendar 10	Aicha MacCarthy	974-8824-5324	574-056
Calendar 11	Terrence McGuire	949-9741-2923	620-250
Calendar 12	Jesse Outlaw	950-4590-0846	383-491
Calendar 13	Stephanie Miller	941-8836-9040	133-720
Calendar 14	Daniel Malone	824-9860-4014	935-124
Calendar 15	Shauna Boliker	987-1163-7423	277-091
Calendar 16	Susan Kennedy-Sullivan	982-6205-3371	328-621
Calendar 25	James Murphy	989-0553-5582	887-675

c. Participants will not be allowed to enter the meeting until the Host joins the meeting. The Host may be the Judge, a Probate Division staff member, or an extern. Participants can join the meeting (call) 30 minutes prior to the beginning of the court call.

d. The Zoom meeting can be accessed by computer, smartphone, or telephone:

i. To join the meeting by computer, go to www.zoom.us. At the top of the screen, click "Join a Meeting". In the pop-up box that appears, enter the meeting ID number. Click Join. After clicking Join, you will be prompted to enter the meeting Password. After entering the meeting password, you will join the meeting.

ii. To join the meeting by smartphone application (app), search for "zoom.us" in your smartphone's app store. From the search results, download and open the app entitled "ZOOM Cloud Meetings". Accept the Terms and Conditions. Tap the blue button entitled "Join a Meeting". Enter the meeting ID number, the session ID number, and click Join. After clicking Join, you will be prompted to enter the Password. After entering the meeting password, you will join the meeting

iii. To join the meeting via telephone, dial (312) 626-6799 and enter the meeting ID number. You will then be asked for the password, which you should enter and press pound (#). Finally, you will be asked for the "session ID number". There is no session ID number, so simply press pound (#). Upon pressing pound (#), you will be allowed into the meeting.

e. Upon joining, participants will be placed in the "Waiting Room" and will remain there until they are checked in by the Host or the Co-Host.

i. During check-in, participants should be ready to provide the participant's name, case name, case number, and names of the other expected participants in that hearing.

ii. If there are other participants in the hearing (e.g. other attorneys, witnesses, clients, etc.), the Court will not call the case until all participants are in the Waiting Room.

iii. Following check-in, participants will be placed back in the Waiting Room and remain there until the Court is ready for your case.

f. If able, each participant should rename his Zoom name to his full name (e.g. John Doe). If a participant cannot change his name or does not know how to change it, the Host or Co-Host will change it for the participant.

2. Conduct during the Zoom Hearing

a. At the commencement of every hearing, each participant shall identify every person in their presence as well as if/when anyone enters or leaves the room in which the participant is located.

b. All participants shall use their best efforts to be courteous to one another, including but not limited to the following:

i. Not speak over one another;
ii. Insure to the best of their ability that they are in camera range at all times;
iii. Minimize background noise; and
iv. Silence their phones during the hearing.

c. The Judge retains broad discretion to take appropriate steps for those participants who do not comply with the foregoing, including but not limited to, muting participants, admonishing the participants, and holding a participant in contempt of court.

d. Any person who wishes to speak confidentially with another person during the hearing (e.g. attorney/client) may ask to be placed in the Breakout Room.

e. Pursuant to Illinois Supreme Court Rule 63(a), all parties and persons in attendance are prohibited from making audio or video recordings of any proceeding or taking any photographs of the proceedings.

3. Admonishments

a. The video or audio recording of the proceedings through any device or format (except by the authorized Court Reporter) is strictly prohibited. Failure to comply with this admonishment may result in the imposition of sanctions or in a finding of contempt of court.

b. No communication of any kind is permitted between a witness, including a party, during his/her testimony (from the time the witness takes the stand until the witness is excused) and any other person by any means (e.g. verbally, texts, email, use of private chat functions, etc.)

4. Court Reporters

a. Only a Court Reporter can prepare an official record of a virtual hearing. A Court Reporter can attend the proceeding as a Zoom participant and must be invited by the Host. The Court Reporter is the only person authorized to transcribe the virtual hearing proceeding. Any recording by a party or other person of a virtual hearing without the permission of the Court is prohibited.

b. The Court will provide an Official Court Reporter for Adult Guardianship cases and Orders of Protection hearings. Official Court Reporters will not report Minor Guardianship and Decedent matters unless a party retains an independent Court Reporter.

5. Interpreters

a. Interpreters are available upon request with advance notice. Requests for Spanish and Polish interpreters must be made at least 48 hours in advance of the hearing. Requests for interpreters of languages other than Spanish and Polish must be made at least five (5) business days in advance.

b. American sign language interpreters, certified deaf interpreters, and CART services are available upon request with advanced notice. Requests for these services must be made at least five (5) business days in advance of the hearing.

c. To request an interpreter, the requesting party shall email Joseph Fleming (joseph.fleming@cookcountyil.gov) and Daniel Duffy (probate.divatty@cookcountyil.gov). The email shall include the case name, case number, court calendar, name of the assigned Judge, and language needed.

d. If the requesting party does not have access to email, he/she may request an interpreter by calling (312) 603-7545 or (312) 603-7546. The voicemail shall include the case name, case number, Court Calendar, name of the assigned Judge, and language needed.

6. Questions or Concerns

a. If you have any problems accessing the meeting within 15 minutes of the hearing, send an email to the staff attorney at probate.divatty@cookcountyil.gov and Joseph Fleming at joseph.fleming@cookcountyil.gov with "URGENT: Zoom Hearing" in the subject line. In the body of the email, include your name, case number, phone number, and the problem you are having. You will be contacted to facilitate your access to the meeting.

b. If attorneys or self-represented litigants do not have access to the Internet or have questions regarding the Probate Division or these Instructions, please contact the administrative assistant at (312) 603-7545 or (312) 603-7546.

Enter: Daniel B. Malone #2012

Daniel B. Malone
Presiding Judge - Probate Division

DATED: September 13, 2022

Reference Guide for Probate Division Virtual Hearings

Effective September 19, 2022

This document is a reference guide to important contact and Zoom information related to the Circuit Court of Cook County – Probate Division Virtual Hearings, pursuant to GAO 2020 P 08 and the Instructions for the Probate Division Virtual Hearings. Attorneys and self-represented litigants should be aware that this guide is not a replacement of GAO 2020 P 08 or the Instructions. Rather, it is instead a supplement to make the administration of the Virtual Hearings easier.

CAL	Room	Contact and Zoom Information
01	1814	**Judge Daniel R. Degnan** Phone: (312) 603-5943 Courtesy Copies Email: daniel.degnan@cookcountyil.gov Proposed Orders After Hearing: daniel.degnan@cookcountyil.gov Stamped Order Inquiry: Probatecrt1814Borders@cookcountycourt.com Zoom ID:943-1309-9144 Zoom Password: 598671 Zoom Link:Click here
02	1807	**Judge Carolyn J. Gallagher** Phone: (312) 603-5943 Courtesy Copies Email: carolyn.gallagher@cookcountyil.gov Proposed Orders After Hearing: Probatecrt1807orders@cookcountycourt.com Stamped Order Inquiry: Probatecrt1807orders@cookcountycourt.com Zoom ID: 912-1199-9674 Zoom Password: 559091 Zoom Link: Click here
07	1803	**Judge Daniel O. Tiernan** Phone: (312) 603-7546 Courtesy Copies Email: daniel.tiernan2@cookcountyil.gov Proposed Orders After Hearing: Probatecrt1803orders@cookcountycourt.com Stamped Order Inquiry: Probatecrt1803orders@cookcountycourt.com Zoom ID: 937-7172-2336 Zoom Password: 655983 Zoom Link: Click here
08	1802	**Judge Kent A. Delgado** Phone: (312) 603-7545 Courtesy Copies Email: kent.delgado@cookcountyil.gov Proposed Orders After Hearing: Probatecrt1802orders@cookcountycourt.com Stamped Order Inquiry: Probatecrt1802orders@cookcountycourt.com Zoom ID: 973-6333-0421 Zoom Password: 843479 Zoom Link: Click here
09	1806	**Judge Amee Elizabeth Alonso** Phone: (312) 603-5943 Courtesy Copies Email: amee.alonso@cookcountyil.gov Proposed Orders After Hearing: amee.alonso@cookcountyil.gov Stamped Order Inquiry: Probatecrt1806orders@cookcountycourt.com Zoom ID: 958-0588-9933 Zoom Password: 871226 Zoom Link: Click here
10	1810	**Judge Aicha M. MacCarthy** Phone: (312) 603-5943 Courtesy Copies Email: aicha.maccarthy@cookcountyil.gov Proposed Orders After Hearing: aicha.maccarthy@cookcountyil.gov Stamped Order Inquiry: Probatecrt1810orders@cookcountycourt.com Zoom ID: 974-8824-5324 Zoom Password: 574056 Zoom Link: Click here

11	1814	**Judge Terrence J. McGuire** Phone: (312) 603-7545 Courtesy Copies Email: terrence.mcguire@cookcountyil.gov Proposed Orders After Hearing: terrence.mcguire@cookcountyil.gov Stamped Order Inquiry: Probatecrt1814Aorders@cookcountycourt.com Zoom ID: 949-9741-2923 Zoom Password: 620250 Zoom Link: Click here
12	1812	**Judge Jesse Outlaw** Phone: (312) 603-5943 Courtesy Copies Email: jesse.outlaw@cookcountyil.gov Proposed Orders After Hearing: jesse.outlaw@cookcountyil.gov Stamped Order Inquiry: Probatecrt1812orders@cookcountycourt.com Zoom ID: 950-4590-0846 Zoom Password: 383491 Zoom Link: Click here
13	1809	**Judge Stephanie K. Miller** Phone: (312) 603-5943 Courtesy Copies Email: stephanie.miller@cookcountyil.gov Proposed Orders After Hearing: stephanie.miller@cookcountyil.gov Stamped Order Inquiry: Probatecrt1809orders@cookcountycourt.com Zoom ID: 941-8836-9040 Zoom Password: 133720 Zoom Link: Click here
14	1803A	**Judge Daniel Malone** Phone: (312) 603-7546 Courtesy Copies Email: Daniel.malone@cookcountyil.gov Proposed Orders After Hearing: Probatecrt1803orders@cookcountycourt.com Stamped Order Inquiry: Probatecrt1803orders@cookcountycourt.com Zoom ID: 824-9860-4014 Zoom Password: 935-124 Zoom Link: Click here
15	1804	**Judge Shauna L. Boliker** Phone: (312) 603-5943 Courtesy Copies Email: shauna.boliker@cookcountyil.gov Proposed Orders After Hearing: shauna.boliker@cookcountyil.gov Stamped Order Inquiry: Probatecrt1804orders@cookcountycourt.com Zoom ID: 987-1163-7423 Zoom Password: 277091 Zoom Link: Click here
16	1811	**Judge Susan Kennedy-Sullivan** Phone: (312) 603-5943 Courtesy Copies Email: susan.kennedy-sullivan@cookcountyil.gov Proposed Orders After Hearing: susan.kennedy-sullivan@cookcountyil.gov Stamped Order Inquiry: Probatecrt1811orders@cookcountycourt.com Zoom ID: 982-6205-3371 Zoom Password: 328621 Zoom Link: Click here
25	1801	**Judge James Patrick Murphy** Phone: (312) 603-7545 Courtesy Copies Email: james.murphy2@cookcountyil.gov Proposed Orders After Hearing: james.murphy2@cookcountyil.gov Stamped Order Inquiry: Probatecrt1801orders@cookcountycourt.com Zoom ID: 989-0553-5582 Zoom Password: 887675 Zoom Link: Click here

Clerk Contact information	
Carol Fallon, Chief Deputy Clerk	cmfallon@cookcountycourt.com
Malinda Shank, Assistant Chief Deputy	mashank@cookcountycourt.com
Robert Jones, Court Clerk Manager	rmjones@cookcountycourt.com
General Probate Questions	probatedivservices@cookcountycourt.com
Letters of Office	kspatel@cookcountycourt.com
E-File Helpdesk	dlwilliamson@cookcountycourt.com or efilehelp@cookcountycourt.com (312) 603-3784 (312) 603-2591
Issues related to wills	kspatel@cookcountycourt.com
Fee waivers (298 fee petitions)	dlwilliamson@cookcountycourt.com
Filing issues	rmjones@cookcountycourt.com

Enter: Daniel B. Malone #2012

Daniel B. Malone
Presiding Jude
Probate Division

DATED: September 13, 2022

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

File No. _____

Estate of

_____

Alleged Person with a Disability

REPORT OF PHYSICIAN

_____, a licensed physician, submits the following Report on
[printed name of the physician]

_____, an alleged person with a disability (the "Respondent"), based
[printed name of the alleged person with a disability]

upon evaluations of the Respondent performed on _____.

NOTE: The evaluations upon which this Report is based must have been performed within three (3) months of the date the Petition for guardianship is filed.

1. The following is a description of the nature and type of the Respondent's disability and an assessment of how the disability impacts on the ability of the Respondent to make decisions or to function independently, including an underlying diagnosis and a description of the manifestations of the disability:

_____

_____

_____

_____

2. The following is an analysis and the results of evaluations of the Respondent's mental and physical condition, and (if appropriate) a description of the Respondent's educational condition, adaptive behavior and social skills:

_____

_____

_____

_____

3. The following is my opinion as to whether guardianship is needed, the type and scope of the guardianship needed, and the reasons for my opinion, including whether the Respondent is **totally** or only **partially** incapable of making **personal** and **financial** decisions and if only **partially**, the kinds of decisions which the Respondent can and cannot make:

_____

_____

_____

_____

4. The following is my recommendation as to the most suitable living arrangement for the Respondent and (if appropriate) the treatment or habilitation plan for the Respondent, and the reasons for my recommendation:

_____

_____

_____

_____

If the description of the Respondent's mental, physical and educational condition, adaptive behavior or social skills is based upon evaluations by other professionals, all professionals preparing evaluations must also sign this Report.

5. The following are the names, addresses, certifications, licenses or other credentials, and signatures of each other person who performed an evaluation upon which this Report is based:

a. Name _____

Address _____

License (state and number)_____

Certification _____

Other credentials _____

Signature _____

b. Name _____

Address _____

License (state and number)_____

Certification _____

Other credentials _____

Signature _____

* _____

[signature of the physician preparing this Report]

_____

[license (state and number)]

_____

[address of the physician]

_____

[city/state/zip]

_____

[physician's telephone]

Certification _____

Other credentials _____

***This Report must be signed by a licensed physician.**

☐ 4261

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS COUNTY DEPARTMENT – PROBATE DIVISION

Case No. 2023 P 1234 **Calendar** 16

Estate of JOHN DOE

OATH AND BOND OF REPRESENTATIVE – NO SURETY

I, JANE DOE,

on oath state that I will discharge faithfully the duties of the office of representative, and I acknowledge that I am bound to the People of the State of Illinois to the faithful discharge of those duties in an amount equal to double the value from time to time of the personal estate.

/s/ _____
[signature of representative]

1234 Main St.,
[address]

Chicago IL 60612
[city/state/zip]

Signed and sworn to before me by the representative on _____.

_____
(Clerk of Circuit Court) (Notary Public)

APPROVED:

_____, 20_____

_____
[Judge] [Judge's number]

Attorney Number 91139
Name YOUR NAME
Firm Name CVLS
Attorneys for Petitioner
Address 33 N. Dearborn, Suite 400
City/State/Zip Chicago, IL 60602
Telephone 312-332-1624
Email YOUREMAIL@emailaddress.com

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

File No. 2023 P 1234

Estate of

JOHN DOE

A Person with a Disability.

ORDER APPOINTING PLENARY GUARDIAN OF A PERSON WITH A DISABILITY

On the Petition of JANE DOE (printed name of the Petitioner) for the appointment of

JANE DOE (printed name of proposed Guardian) as Guardian of

the person of JOHN DOE (printed name of the Person with a Disability) (the "Respondent")

and JANE DOE (printed name of proposed Guardian) as Guardian of the estate of the Respondent,

the Court finds that:

1. The proposed Guardian of the person is:
   a. ☑ An individual
      i. Information on Residency
         1. ☐ who is a resident of Illinois
         2. ☐ who is a nonresident of Illinois and has complied with §1-11 of the Probate Act of 1975 ("Probate Act") [755 ILCS 5/1-11] by filing with the Court a Designation of Resident Agent to accept service of process, notice or demand required by law to be served upon the Guardian

and

      ii. Information on Criminal Background
         1. ☐ who has not been convicted of a felony
         2. ☐ who has been convicted of a felony, but the conviction shall not prevent the appointment because:
            a. The appointment is in the Respondent's best interests, after considering the nature and date of the offense and the evidence of the proposed Guardian's rehabilitation, and

b. The offense is not one which, under §11a-5(a)(5) of the Probate Act [755 ILCS 5/11a-5(a)(5)], would prohibit the appointment

and

iii. who is qualified to act as Guardian under §11a-5(a) of the Probate Act [755 ILCS 5/11a-5(a)].

b. ☐ a public agency or not for profit corporation and is not directly providing residential services to the ward and is qualified to act as Guardian under §11a-5(b) of the Probate Act [755 ILCS 5/11a-(b)].

c. ☐ a corporation qualified to accept and execute trusts in Illinois and is qualified to act as Guardian under §11a-5(c) of the Probate Act [755 ILCS 5/11a-(c)].

d. ☐ the State Guardian, and the appointment of the State Guardian is appropriate and required because there is no individual suitable and willing to accept the Guardianship appointment.

e. ☐ the Cook County Public Guardian who is qualified to act under §13-5 of the Probate Act [755 ILCS 5/13-5].

2. The proposed Guardian of the estate is:

a. ☐ An individual

i. Information on Residency

1. ☐ who is a resident of Illinois

2. ☐ who is a nonresident of Illinois and has complied with §1-11 of the Probate Act of 1975 ("Probate Act") [755 ILCS 5/1-11] by filing with the Court a Designation of Resident Agent to accept service of process, notice or demand required by law to be served upon the Guardian

and

ii. Information on Criminal Background

1. ☐ who has not been convicted of a felony

2. ☐ who has been convicted of a felony, but the conviction shall not prevent the appointment because:

a. The appointment is in the Respondent's best interests, after considering the nature and date of the offense and the evidence of the proposed Guardian's rehabilitation, and

b. The offense is not one which, under §11a-5(a)(5) of the Probate Act [755 ILCS 5/11a-5(a)(5)], would prohibit the appointment

and

iii. who is qualified to act as Guardian under §11a-5(a) of the Probate Act [755 ILCS 5/11a-5(a)].

b. ☐ a public agency or not for profit corporation and is not directly providing residential services to the ward and is qualified to act as Guardian under §11a-5(b) of the Probate Act [755 ILCS 5/11a-(b)].

c. ☐ a corporation qualified to accept and execute trusts in Illinois and is qualified to act as Guardian under §11a-5(c) of the Probate Act [755 ILCS 5/11a-(c)].

d. ☐ the State Guardian, and the appointment of the State Guardian is appropriate and required because there is no individual suitable and willing to accept the Guardianship appointment.

e. ☐ the Cook County Public Guardian who is qualified to act under §13-5 of the Probate Act [755 ILCS 5/13-5].

3. The Court has jurisdiction to appoint a Guardian under §§203-204 of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act ("UAGPPJA") [755 ILCS 8/203-204] because:

a. ☑ Illinois is the Respondent's "home state" as defined in §201(a)(2) of the UAGPPJA.

b. ☐ _____ is the Respondent's "home state", but Illinois is a "significant-connection state" as defined in §201(a)(3) of the UAGPPJA, and one of the additional requirements specified in §203(2)(A)-(B) of the UAGPPJA applies.

c. ☐ Illinois is not the Respondent's "home state" or a "significant-connection state" as defined in §201(a)(2)-(3) of the UAGPPJA but the "home state" and "significant-connection state" have declined to exercise jurisdiction because Illinois is the most appropriate forum.

d. ☐ Illinois is not the Respondent's "home state" or a "significant-connection state" as defined in §201(a)(2)-(3) of the UAGPPJA, but the circumstances involved constitute an "emergency" as defined in §201(a)(1) of the UAGPPJA, and, as a result, the Court has "special jurisdiction" under §204(a) of the UAGPPJA.

4. In accordance with §11a-3 and §11a-12 of the Probate Act, by clear and convincing evidence, the Respondent is a person with a disability and:

a. ☑ totally lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the care of his or her person;

b. ☑ is totally unable to manage his or her estate or financial affairs.

5. Limited Guardianship will not provide sufficient protection for the Respondent.

6. The appointment of a Guardian *ad litem* ◉ WAS ◉ WAS NOT necessary for the protection of the Respondent or to make a reasonably informed decision on the Petition.

7. (a) ☑ The Respondent was present at the hearing;
   (b) ☐ The Respondent's presence at the hearing was excused for the reason that the record shows that the Respondent ☐ refuses to be present ☐ will suffer harm if required to attend.
8. ☐ The appointment of separate Guardian(s) of the person and Guardian(s) of the estate is in the best interests of the Respondent.
9. The factual basis for the above findings of the Court is as follows:

CCP-211 dated March 2, 2023 and the Court's Observations

IT IS ORDERED that:

A. ☐ _____ be appointed as Plenary
(printed name of the proposed Guardian)
Guardian of the ○ estate ○ estate and person of the Respondent.

B. ☑ JANE DOE be appointed as Plenary
(printed name of the proposed Guardian)
Guardian of the person of the Respondent.

C. ☑ Letters of Plenary Guardianship shall issue in accordance with the provisions of this Order.

D. ☑ The bond:
i. of the Plenary Guardian of the **estate** and surety therein, be approved.
ii. of the Plenary Guardian of the **person** be approved.

E. ☐ The Plenary Guardian of the **estate** shall appear and present:
i. an Inventory as required by §14-1 of the Probate Act and in the form prescribed by Cook Co. Cir. Ct. R. 12.9 (Sept. 3, 1996) and ☐ a proposed budget on

_____ at _____ ○ AM ○ PM **(not more than 60 days after the date of this Order).**

ii. a verified Account as required by §24-11(a) of the Probate Act and in the form prescribed by Cook Co. Cir. Ct. R. 12.13 (Sept. 3, 1996) on

_____ at _____ ○ AM ○ PM **(not more than 13 months after the date of this Order).**

F. ☐ The Plenary Guardian of the **person** shall file or mail an Annual Report as required by §11a-17(b) of the Probate Act, and annually thereafter, or shall appear before the

Court on _____ at _____ ◉ AM ○ PM **(not more than 13 months after the date of this Order).**

G. ☑ The Plenary Guardian of the **person**:

i. ☑ shall complete the training program as provided in Section 33.5 of the Guardianship and Advocacy Act ("GAA") [20 ILCS 3955/33.5] and file with the Court a certificate of completion one year from the date of issuance of the Letters of Plenary Guardianship or shall appear before the Court on

_____ at _____ ○ AM ○ PM (**insert same 13-month Annual Report date as above).** The training program can be found at www.gac.illinois.gov/osg/guardianship-training.html and the Illinois Guardianship and Advocacy Commission can be contacted for further information by calling (866) 274-8023;

ii. ☐ is exempt from the training requirement set forth in §33.5 of the GAA, based upon §11a-12(e) of the Probate Act, as an employee of the Office of the State Guardian, a public guardian, an attorney currently authorized to practice law, a corporate fiduciary, or a person certified by the Center for Guardianship Certification;

iii. ☐ is exempt from the training requirement set forth in §33.5 of the GAA, based upon good cause shown.

H. The Clerk of the Circuit Court shall mail CCP-0214 to the Respondent at the address set forth below informing the Respondent of the Respondent's rights under §11a-19 and §11a-20 of the Probate Act:

i. Full Name of Respondent: DOE, JOHN
Last Name First Name Middle Name

ii. Street Address: 1234 Main St

iii. City/State/Zip: Chicago IL 60612

I. The Clerk of the Circuit Court of Cook County shall immediately notify the Department of State Police, Firearm Owner's Identification Department (FOID), and forward a copy of this Court Order to the Department of State Police, Firearm Services Bureau, 801 S. 7th Street, Springfield, IL 62703, in accordance with §11a-24 of the Probate Act.

i. Full Name of Person with a Disability:

Doe, John

Last Name First Name Middle Name

ii. Gender: Male

iii. Date of Birth: 2/1/2005

iv. ☐ (4826) FOID: N/A

J. The Clerk of the Circuit Court of Cook County shall immediately notify the Secretary of State, Driver Services Department, and forward a copy of this Court Order to the Secretary of State, Driver Services Department; 2701 S. Dirksen Pkwy, Springfield, IL 62723 in accordance with §11a-25 of the Probate Act.

i. Driver's License No. of Person with a Disability: N/A

ii. Address of Guardian of the person: 1234 Main St., Chicago IL 60612

iii. Address of Guardian of the estate: _____

K. ☑ i. The Guardian *ad litem* is hereby discharged and granted leave to file a fee petition.
☐ ii. The Guardian *ad litem's* appointment is hereby extended for a specific purpose (see separate Order Appointing or Extending Guardian *Ad Litem* For Specific Purpose, CCP 0215).

Atty. No.: 91139
Atty Name: YOUR NAME
Atty. Firm: CVLS
Atty. for: Petitioner
Address: 33 N. Dearborn, Suite 400
City: Chicago
State: IL Zip: 60602
Telephone: (312) 332-1624
Primary Email: YOUREMAIL@emailaddress.

ENTERED:

Dated: _____

_____

Judge Judge's No.

CCCP 0214 (Rev. 12/01/20)

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

File No. 2023 P 1234

Estate of

JOHN DOE

A Person with a Disability

STATEMENT OF RIGHT TO PETITION FOR TERMINATION OF ADJUDICATION OF DISABILITY, REVOCATION OF LETTERS OF GUARDIANSHIP OR MODIFICATION OF DUTIES OF GUARDIAN

To: JOHN DOE
1234 Main St
Chicago IL 60612

You have been adjudged a person with a disability. A Guardian has been appointed for you, and the duties of your Guardian have also been determined. A copy of the ORDER appointing your Guardian is attached to this NOTICE for your information.

You have the right under §11a-20 of the Illinois Probate Act of 1975 to petition for termination of adjudication of your disability, for revocation of your Guardian's letters of guardianship of estate or person, or both, or for modification of the duties of your Guardian. If you believe that you are able to make or communicate decisions about yourself or manage your financial affairs, you may ask the Court for assistance in discharging your Guardian or modifying your Guardian's duties.

You can contact the Court by any means, including a telephone call, an informal letter or a visit; however, a written request is preferable.

The Judge's name and telephone number is: **Judge** Kennedy-Sullivan
(312) 603-6441

The Judge's name and address:

Judge Kennedy-Sullivan
Probate Division, Circuit Court of Cook County
Room 1811 **, Richard J. Daley Center**
50 West Washington Street
Chicago, Illinois 60602

Attorney Number 91139
Name YOUR NAME
Firm Name CVLS
Attorneys for Petitioner
Address 33 N. Dearborn, Suite 400
City/State/Zip Chicago, IL 60602
Telephone 312-332-1624
Email YOUREMAIL@emailaddress.com

January 5, 2023

Jane Doe
1234 Main Street
Chicago, IL 60602

Estate of John Doe (23 P 1234)

Dear Ms. Doe:

Enclosed please find copies of the Letters of Office issued by the court in your guardianship case. The original Letters of Office will be sent to you digitally by email. Keep the original in a safe place. You may want to make some copies that you can keep with you for use when necessary. If you lose your original, you can obtain new copies on the 12th Floor of the Daley Center, located at 50 W. Washington, Chicago, IL 60602.

Also enclosed is a copy of the Order Appointing you as Guardian. As Guardian, you must complete an Annual Report form **every year** and mail it to the Judge. Your first Annual Report is due on _____, 20__. **Make sure you fill out the Annual Report form and mail it to the judge two weeks before it is due.** I have included a blank copy of the Annual Report form here. The Court will not send you a reminder or a blank copy of the form, so make sure to keep extra blank copies and to set a reminder in your calendar or phone to send it in each year. If you lose your copy, you can call CVLS for a new one.

As of January 1, 2023, all Guardians in Illinois are required to complete a training during the first year of their guardianship. You are only required to complete this training once. I am enclosing instructions for completing this training here. Please complete the training online as soon as possible You should receive a certificate when you complete the training. Please send a copy of the certificate to **CVLS@cvls.org** once you have completed the training.

If you have any questions, feel free to call me at 312-332-7546 or email me at lmurphy@cvls.org. It has been a pleasure working with you. Chicago Volunteer Legal Services has closed this file.

Sincerely,

Lisa K. Murphy
Director, Adult GAL and Decedent Estates Programs

5 de enero de 2023

Jane Doe
1234 Main Street
Chicago, IL 60602

El estado de John Doe (23 P 1234)

Querido/a Señor/a Smith:

Adjunto encontrará una copia de las Cartas de Oficina emitida por la corte sobre el asunto arriba subtitulado. Le enviaremos el documento original electrónico por email. Guarde la original en un lugar seguro. Es posible que desee hacer algunas copias para usarlas cuando sea necesario. Si pierde el original, puede obtener una nueva copia en el piso 12 del Daley Center, la dirección es 50 W. Washington, Chicago, IL 60602.

También en esta carta incluye una copia del Orden que la/le nombra tutora. Como tutora, usted tiene que llenar un formulario de reporte anual cada año y enviarlo por correo al juez. Su primer reporte anual tiene que ser entregado el _____. **Asegúrese de llenar y mandar el reporte anual al juez dos semanas antes de la fecha de entrega.** He incluido una copia en blanco del formulario del reporte anual. La corte no le enviará un recuerdo o notificación de llenar el formulario, así que asegúrese de guardar una copia en blanco del formulario y poner un recuerdo en su calendario o teléfono para llenar y mandarlo cada ano. Si usted pierde su copia, puede llamar a CVLS para una nueva copia.

Empezando el 1 de enero de 2023, todos los tutores en Illinois tienen que completar un entrenamiento durante el primer año de la tutela. Solo tiene que completar el entrenamiento una vez. Mas información de ese entrenamiento esta adjunta aquí. Por favor, complete el entrenamiento en línea tan pronto como pueda. Cuando lo termine, recibirá un certificado. Por favor, envíe el certificado por email a **CVLS@cvls.org** cuando haya completado el entrenamiento.

Si tiene alguna pregunta, no dude en llamarme al número 312-332-7546.

Ha sido un placer en trabajar con usted. Chicago Volunteer Legal Services ha cerrado este caso.

Sinceramente,

Lisa K. Murphy
Director, Adult GAL and Decedent Estates Programs

Illinois Guardianship Training Instructions

Congratulations on your appointment as a guardian. Starting January 1, 2023, all guardians in Cook County and Illinois are required to complete an online training during the first year of guardianship. Being a Guardian is an important job, and the online training program will teach you about your duties and responsibilities as a guardian, and provide information on the rights of adults with a disability.

Step 1: Create an account with the Illinois Guardianship and Advocacy Commission at https://gac.illinois.gov/osg/guardianship-training.html

Step 2: Complete the training
You will be asked a series of questions. If you answer a question incorrectly, you can try again until you select the correct answer.

Step 3: Enter the circuit court, county, case number, and "in the matter of" (the name of the adult with a disability).

Step 4: Download your Certificate of Training Completion and email to CVLS at CVLS@cvls.org. The Certificate of Training Completion must also be mailed to the judge in your case. You can mail your Certificate with your Annual Report (see step 5 below.)

Step 5: Complete the Annual Report Regarding Ward and mail. Along with the Certificate you must also fill out an Annual Report Regarding Ward (ARRW) form every year. The ARRW form asks about the adult with the disability's condition, living arrangement, services they receive, and why guardianship should be continued. You must mail your Annual Report to the judge that appointed you as a guardian every year. If you mail your Annual Report, you do not need to appear in court. Be sure to make copies of the blank Annual Report Regarding Ward form so that you will have a copy ready to fill out and send to the judge every year. The court does not send a reminder or copies of the report, so make sure to set a reminder for yourself.

Checklist:
- ____ Complete the online Guardianship Training Program
- ____ Download and print the Certificate of Training Completion
- ____ Complete the Annual Report Regarding Ward
- ____ Mail the Certificate of Training Completion & the Annual Report Regarding Ward form to the judge

Reminders: Annual Report Regarding Ward Due Date: _____ **(every year)**

Judge Name & Address:
The Judge assigned to Calendar _____
Circuit Court of Cook County, Probate Division
Richard J. Daley Center, 18th Floor
50 West Washington Street
Chicago, Illinois 60602

Instrucciones para Entrenamiento de Tutores en Illinois

Felicidades por ser nombrado como un/a tutor/a. Empezando el 1 de enero de 2023, todos los tutores en el condado de Cook y en Illinois tienen que completar un entrenamiento en línea durante el primero año de la tutela. Ser un/a tutor/a es un trabajo importante, y el entrenamiento le enseña sus deberes y responsabilidades como tutor/a, y le provee información de los derechos de adultos con discapacidades. Por favor siga los siguientes pasos para completar el entrenamiento.

Paso 1: Cree una cuenta con el Illinois Guardianship and Advocacy Commission en
https://gac.illinois.gov/osg/guardianship-training.html
https://onenet.illinois.gov/page.aspx?item=136989 (español)

Paso 2: Complete el entrenamiento
Tendrá que responder algunas preguntas. Si su respuesta es incorrecta, usted podrá responder tantas veces que necesite hasta que elija la respuesta correcta.

Paso 3: Ponga la información de la corte, condado, numero del caso, y el nombre del adulto con discapacidad.

Paso 4: Descargue el Certificado de finalización de Entrenamiento y envíelo por email a CVLS@cvls.org. El Certificado también tiene que ser enviado por correo al juez en su caso. Usted puedo enviarlo con su Reporte Anuario (paso 5 abajo.)

Paso 5: Complete el Reporte Anuario y envíelo por correo al juez. Junto con el Certificado, también tiene que llenar un formulario de Reporte Anuario (ARRW) cada año. El formulario ARRW tiene información sobre la condición, residencia del adulto con discapacidad, los servicios el el/ella recibe, y porque la tutela debe de continuar. Usted tiene que enviar su Reporte Anuario a la corte cada año. Si lo envía por correo, no hay que aparecer en corte en persona cada año. Por favor, haga copias del formulario para sus archivos. La corte no provee copias ni recordatorios para completar el reporte. Hay que hacer un recordatorio para si mismo/a.

Lista de verificación:

____ Complete el entrenamiento para tutores en línea
____ Descarga, imprima el Certificado de finalización
____ Complete el Reporte Anuario (ARRW)
____ Envíe el Certificado y Reporte Anuario al juez por correo

Recordatorios:

Vencimiento para enviar reporte anuario: **_____/_____/_____ (cada año)**

Nombre y dirección del juez:
The Judge assigned to Calendar _____
Circuit Court of Cook County, Probate Division
Richard J. Daley Center, 18th Floor
50 West Washington Street
Chicago, Illinois 60602

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

File No. 23 P 1234

Estate of

JOHN DOE

A Person with a Disability

GUARDIAN'S ANNUAL REPORT REGARDING WARD

Pursuant to §11a-17(b) of the Probate Act of 1975 [755 ILCS 5/11a-17(b)], JANE DOE [printed name of the Guardian], having been appointed on APRIL 14, 2023 [date of appointment] as guardian of the person of JOHN DOE [printed name of the a person with a disability] (the "Ward"), submits this annual Report as follows **(if the Ward is deceased, attach a copy of the death certificate and do not complete the numbered paragraphs of this Report):**

1. The Ward is now _____ years of age.
   The Ward's current mental diagnosis: _____
   The Ward's current physical diagnosis: _____
   The Ward's current mental condition: _____
   The Ward's current physical condition: _____
   The Ward's current social condition: _____
2. The Ward's current living arrangements, including the place of residence, and the Guardian's opinion as to the appropriateness of those arrangements: _____

   _____

   _____

   The Ward's other places of residence since the last report and the length of stay at each place:

Address of Other Place of Residence	Length of Stay

3. Medical and dental services provided to the Ward: _____

   _____

   _____

   _____

   Educational service provided to the Ward: _____

   _____

   Vocational and other professional services provided to the Ward: _____

   _____

4. A summary of the Guardian's visits with and activities on behalf of the Ward:

Dates	Description

5. The Guardian recommends that there _____ a need for continued guardianship because _____
(is) (is not)

_____

_____

_____

6. Other information concerning the Ward which may in the opinion of the Guardian be useful to the Court:

_____

_____

_____

_____

_____

Dated _____

_____
[signature of the Guardian]

JANE DOE
[printed name of the Guardian]

1234 Main St
[address of the Guardian]

Chicago, IL 60612
[city/state/zip code]

312-555-1234
[telephone of Guardian]

Service via email from opposing party/counsel will be accepted at:

JaneDoe@gmail.com
by consent pursuant to Ill. Sup. Ct. Rules 11 and 131.

Mail To:

The Judge assigned to Calendar 16
Circuit Court of Cook County, Probate Division
Richard J. Daley Center, 18th Floor
50 West Washington Street
Chicago, Illinois 60602