IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
LAKE COUNTY, ILLINOIS

Estate of	)	
	)	
	)	
	)	
_____	)	Case. No. _____
Adult with Disability.	)	

OATH OF OFFICE OF GUARDIAN OF THE PERSON OF AN ADULT WITH DISABILITY
(To be completed by each Guardian)

I, _____, hereby accept the Office of Guardian of the Person of
Name of Guardian
_____ and agree to faithfully discharge the duties of this Office.
Name of Adult with Disability

By accepting this Office, I understand that I must abide by the duties and responsibilities required by law and set forth in the Illinois Probate Act at 755 ILCS 5/11a, which specifically include but are not limited to the following:

INITIAL EACH:

_____ I understand that I am under a duty to annually report about the health and welfare of the adult with disability. I understand that if I fail to file an Annual Report, 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 adult with disability 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 adult with disability.

_____ I understand that I must report any change of my address and/or the adult with disability's address to the Court within thirty (30) days of such move.

_____ I understand that I must complete the training program that outlines the responsibilities of the Guardian of the person and the rights of the person under Guardianship and file with the Court a certificate of completion one year from the date of issuance of the letters of Guardianship

I am bound to the People of the State of Illinois to faithfully discharge the duties of this Office. Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure the undersigned certifies that the statements set forth in this instrument are true and correct.

_____
(Signature of Guardian)

Prepared by:
Name: _____SRL ☐
Address: _____
City: _____ State: _____
Phone: _____Zip Code: _____
ARDC #: _____
E-mail address: _____