

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

ESTATE OF \_\_\_\_\_ )  
 )  
 )  
 ) Case No. \_\_\_\_\_  
 )  
 \_\_\_\_\_ )  
 Adult with Disability. )

**OATH OF OFFICE AND BOND FOR GUARDIAN OF THE ESTATE OF AN ADULT WITH DISABILITY**  
(To be completed by each Guardian)

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

1. Acknowledgment of Duties:  
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 the following:

**INITIAL EACH:**

\_\_\_\_\_ I understand that I am under a duty to annually account to this Court for all expenditures and income of the adult with disability. I understand that if I fail to file an Annual Account, 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 commingle the adult with disability's assets or income with my own, which means that I may not mix any of my own money or assets with those belonging to the adult with disability.

\_\_\_\_\_ I understand that I may not sell, loan or give away any of the personal property, belongings or real property belonging to the adult with disability without specific Order of this Court.

\_\_\_\_\_ I understand that I must only make expenditures of money belonging to the adult with disability for the benefit of the adult with disability pursuant to Order of this Court.

\_\_\_\_\_ I understand that I may not pay or compensate myself for services provided to the adult with disability without specific Order of this Court.

\_\_\_\_\_ I understand that I may not change beneficiaries on the bank accounts, life insurance policies, retirement accounts, trusts, or Will of the adult with disability without specific Order of this Court.

\_\_\_\_\_ I understand that I am responsible for applying for any government assistance on behalf of the adult with disability, if needed.

\_\_\_\_\_ I understand that I must apply to the Social Security Administration, Veteran's Administration or any other pension provider to be able to sign and receive income of the adult with disability. I understand that the Social Security Administration, Veteran's Administration or any other pension provider may require additional information and accountings of any monies I may receive for the adult with disability from them.

\_\_\_\_\_ I understand that I am responsible for the filing of any federal, state or local tax returns required of the adult with disability.

\_\_\_\_\_ I understand that I must ensure that any premium on a surety bond required in this matter be paid on a timely and regular basis and that the amount of the bond is always more than 1½ times the value of the personal estate.

\_\_\_\_\_ I understand that I must appear on behalf of the adult with disability in any legal proceeding regarding the adult with disability but that I may not initiate a proceeding for dissolution of marriage or enter into a criminal plea agreement on behalf of the adult with a disability without an Order of this Court.

\_\_\_\_\_ 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.

**2. GUARDIAN'S BOND:**

I am required to file a bond. I acknowledge that I am bound to the People of the State of Illinois to the faithful discharge of my duties in an amount equal to double the value from time to time of the personal estate.

**3. SURETY ON THE GUARDIAN'S BOND:**

- is required to be obtained and is attached hereto. The amount of the surety on the bond is limited to: \$\_\_\_\_\_ (said amount being at least one and one half times the value of personal estate).
- is required to be obtained and shall be presented to the Court on \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ am/pm in C-\_\_\_\_\_. The amount of the surety on the bond is limited to \$\_\_\_\_\_.
- has been waived because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I and the undersigned sureties, if any, jointly and severally bind ourselves to the People of the State of Illinois to the faithful discharge of our duties. 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.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Guardian)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(surety)  
\_\_\_\_\_  
(address)

**Approved:**

\_\_\_\_\_  
Judge

Prepared by:  
Name: \_\_\_\_\_ SRL   
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
ARDC #: \_\_\_\_\_  
E-mail address: \_\_\_\_\_