

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

Estate of _____

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An Adult with Disabilities

) Case No. _____

**STATEMENT OF RIGHT TO DISCHARGE GUARDIAN
OR MODIFY GUARDIANSHIP ORDER**

TO: _____

After a hearing in the Circuit Court of the Nineteenth Judicial Circuit, Lake County, Illinois, you have been found to be an adult with disabilities and a guardian has been appointed for you. The limits of the duties and powers of the guardian and the legal disabilities to which you are subject have also been determined by the Court.

At any time hereafter you may petition the Court to discharge your guardian or modify the guardianship order.

You may petition the Court for discharge of the guardian or a modification of the guardianship order by any means, including an informal letter. Any such request may be sent to:

Presiding Judge, Probate Division
Main Courthouse
18 North County Street
Waukegan, Illinois 60085
(847)377-3260

I gave the adult with disabilities a copy of this statement _____, 20____.

The Clerk of the Circuit Court of Lake County is directed to mail a copy of this statement to the above-named adult with disabilities at the residence address set forth in the petition filed herein.

_____, 20____

ENTER:

Prepared by:
Name: _____ Pro Se
Address: _____
City: _____ State: _____
Phone: _____ Zip Code: _____
ARDC #: _____
E-mail address: _____

JUDGE