

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

ESTATE OF

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Adult with Disability

) Case No. _____

STATEMENT OF RIGHT TO PETITION FOR DISCHARGE OF GUARDIAN
OR MODIFICATION OF 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. A copy of the Order appointing your Guardian is attached to this Notice.

At any time, hereafter under Section 11a-20 of the Illinois Probate Act you may petition the Court for termination of adjudication of disability, revocation of the letters of guardianship of the estate or person, or both, or modification of the duties of the guardian as set forth in the Court's order of appointment.

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
Lake County Courthouse
18 North County Street
Waukegan, Illinois 60085
(847)377-3260

- I gave the adult with disability 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 disability at the residence address set forth in the petition filed herein.

_____, 20 ____

ENTER:

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

JUDGE