

**Petition for Appointment of Standby
Guardian of a Person with a Disability (05/16/25) CCP 0223 A**

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

Case No. _____ Calendar _____

Estate of _____

_____ A Person with a Disability

**PETITION FOR APPOINTMENT OF STANDBY
GUARDIAN OF A PERSON WITH A DISABILITY**

In accordance with §11a-8.1 of the Probate Act of 1975 (“Probate Act”) 755 ILCS 5/11a-8.1], the
Petitioner _____ states under the penalties of perjury:
[printed name of the Petitioner]

1. _____ whose date of birth is,
[printed name of the person with a disability]
_____, who is 18 years or older, whose place of residence is _____,
_____, is a person with a disability;
(address/city/county/state/zip)

2. The names and post office addresses of the person with a disability’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.

3. a. _____,
[printed name and post office address of the Guardian],
is the Guardian of the _____ Estate _____ Person _____ Estate and Person _____ of the person with
a disability.

b. _____,
[printed name and post office address of the agent under power of attorney],
is acting as _____ health care _____ property _____ health care and property _____ agent of the
person with a disability under the Illinois Power of Attorney Act.

4. a. The Petitioner seeks the appointment of _____,
[printed name of the proposed standby Guardian],
_____,
[post office address of the proposed standby Guardian],
who is _____ years of age, whose occupation is _____
and who is qualified and willing to act, as standby Guardian of the _____ Estate _____ Person
Estate and Person _____ of the person with a disability if the person named in subparagraph
(a) above cannot or will not act as standby Guardian.

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b. The Petitioner seeks the appointment of _____,
[post office address of the proposed successor standby Guardian]
who is ____ years of age, whose occupation is _____
and who is qualified and willing to act, as standby Guardian of the Estate Person
Estate and Person of the person with a disability if the person named in subparagraph
(a) above cannot or will not act as standby Guardian.

5. a. The preference of a person with a disability as to the choice of a standby Guardian of the
Estate Person Estate and Person is

[printed name of person with a disability's preference to serve as standby Guardian]

[post office address of the proposed standby Guardian]

b. The preference of a person with a disability as to the choice of a standby Guardian of the
person is _____
[printed name of person with a disability's preference to serve as standby Guardian of the person]

6. The facts concerning the consent of the Guardian of the person with a disability to the
appointment of the standby Guardian, or the willingness and ability of the Guardian of the
person with a disability to make and carry out day-to-day care decisions concerning the person
with a disability are the following: _____

7. The facts concerning the execution or admission to probate of the written designation of the
standby guardian, if any, a copy of which is attached as **Exhibit B** to this Petition, are the
following: _____

8. The facts concerning any guardianship court actions pending concerning the person with a
disability are the following: _____

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9. The facts concerning the willingness of the proposed standby Guardian to serve, and in the case of the Office of State Guardian or the Public Guardian, evidence of a written acceptance to serve signed by the State Guardian, or the Public Guardian or an authorized representative of the State Guardian or the Public Guardian, consistent with subsection (b) of §11a-3.1 of the Probate Act, are the following: _____

The Petitioner asks that _____,

[printed name of the proposed standby Guardian]

be appointed as standby Guardian of the Estate Person Estate and Person of the Respondent

and that _____.

[printed name of the proposed successor standby Guardian]

be appointed as successor standby Guardian of the Estate Person Estate and Person of the Respondent.

Atty. No.: _____ Pro Se 99500

Atty Name: _____ (signature of the petitioner)

Atty. Firm: _____ (address of the petitioner)

Atty. for: _____ (city/state/zip code)

Address: _____ Service via email will be accepted at:

City: _____ by consent pursuant to Ill. Sup. Court Rules 11 and 131.

State: _____ Zip: _____ Attorney Certification

Telephone: _____

Primary Email: _____