

**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
GRUNDY COUNTY, ILLINOIS**

**IN RE THE ESTATE OF**

\_\_\_\_\_ **CASE NO:** \_\_\_\_\_  
Name of minor child(ren)

**PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR(S)**

Petitioner, \_\_\_\_\_, a reputable citizen of the State of \_\_\_\_\_,  
Name of person asking for guardian of minor(s) Name of the State of residence  
states under the penalties of perjury:

1. \_\_\_\_\_, whose date of birth is/are \_\_\_\_\_, and place of residence  
Name of minor(s) Birthdate(s)  
is \_\_\_\_\_, is/are minor(s) owning personal or real estate in this county.  
Street, City, Zip, & County

2. Approximate value of the personal estate \$ \_\_\_\_\_  
[Total value of all bank accounts, cash, etc. owned by the minor(s)]

Approximate value of the real estate \$ \_\_\_\_\_  
[Total value of any land or real property in name of the minor(s)]

Anticipated gross annual income and other receipts \$ \_\_\_\_\_  
(Total value of all money earned by the minor(s) through work, social security benefits, etc.)

3. The person having custody of the minor(s) is/are \_\_\_\_\_, who resides at  
Name of person who the minor(s) is/are currently living with  
\_\_\_\_\_  
Street, City, Zip, & County

4. The names and post office address of the adult relatives of the minor(s) entitled to notice are as follows:

Mother: \_\_\_\_\_  
Name Last known address

Father: \_\_\_\_\_  
Name Last known address

Other Family (If mother and father are deceased, list other adult relatives such as brothers and sisters, grandparents, and aunts or uncles)

Name	Relationship to minor(s)	Current address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. It is necessary or convenient that a guardian of the estate and/or person of the minor(s) be appointed for one or more of the following reasons: (Check one or more)

D Mother \_\_\_\_\_ died on \_\_\_\_\_.  
Name Date of death

D Father \_\_\_\_\_ died on \_\_\_\_\_.  
Name Date of death

D Mother's whereabouts are unknown. The minor's mother's last contact with the minor(s) was on \_\_\_\_\_  
Date of visit  
at \_\_\_\_\_.  
Where/How contact took place

D Father's whereabouts are unknown. The minor's father's last contact with the minor(s) was on \_\_\_\_\_  
Date of visit  
at \_\_\_\_\_.  
Where/How contact took place

D Mother is unable to take care of the minor(s) because: (State specific reasons) \_\_\_\_\_  
\_\_\_\_\_

D Father is unable to take care of the minor(s) because: (State specific reasons) \_\_\_\_\_  
\_\_\_\_\_

6. The criminal history of the proposed guardian is as follows:

Mark box as appropriate:

D Has not been convicted of a felony.

D Has been convicted of the following felony/felonies; listed below is the information:

\_\_\_\_\_ / \_\_\_\_\_  
Date of conviction Felony charge(s)

\_\_\_\_\_ / \_\_\_\_\_  
Date of conviction Felony charge(s)

Petitioner asks that \_\_\_\_\_, who lives at \_\_\_\_\_  
Name of person who should be named as guardian

\_\_\_\_\_, who is \_\_\_\_\_,  
Street, City, Zip, & County

\_\_\_\_\_ years of age, who is the minor's \_\_\_\_\_, qualified and willing to act,  
Guardian's age Relationship to child (grandmother/grandfather/aunt/uncle/etc.)

be appointed as guardian of the estate and/or person of the minor(s).

Petitioner: \_\_\_\_\_  
Signature of person asking for guardian of minor(s)

Address: \_\_\_\_\_  
\_\_\_\_\_

Person/Attorney Who Prepared Form:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

ARDC #: \_\_\_\_\_

Email: \_\_\_\_\_

**\*NOMINATION**

I, a minor over 14 years of age, nominate \_\_\_\_\_, of  
Name of person wishing to be my guardian

\_\_\_\_\_, as guardian of my  
Street, City, Zip, & County of person wishing to be my guardian  
estate and person.

\_\_\_\_\_, 20\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minor

**ADDITIONAL NOMINATION (IF REQUIRED)**

I, a minor over 14 years of age, nominate \_\_\_\_\_, of  
Name of person wishing to be my guardian

\_\_\_\_\_, as guardian of my  
Street, City, Zip, & County of person wishing to be my guardian  
estate and person.

\_\_\_\_\_, 20\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minor

**\*If there are multiple minors over the age of 14, please complete a nomination for each minor.**

Person/Attorney Who Prepared Form:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

ARDC #: \_\_\_\_\_

Email: \_\_\_\_\_