COUNTY: County Where You Are Filing the Case	The state of the s	(MINOR GUARDIA	GUARDIAN ANSHIP – PERSON ONLY) ILLINOIS, CIRCUIT COURT		
GUARDIANSHIP OF: First, Middle, and Last Name of Minor Child Clerk fills in			Voy Are Filing the Case		
Case Number Clerk fills in		,	You Are Filing the Case		
Use this form if you are asking for guardianship of the person only in the Petition in section 10. If you are asking to be guardian of the estate only or person and estate, use the Oath & Bond of Guardian form. Name of Proposed Guardian		GUARDIANSHIP OF:		_	
asking to be guardian of the estate only or person and estate, use the <i>Oath & Bond of Guardian</i> form. Name of Proposed Guardian			and Last Name of Minor Child		
on oath promise that I will faithfully fulfill the duties and responsibilities of Guardian of the Person of the minor abov I understand that: O I am responsible for the health, welfare, and education of the minor. I must notify the court and the minor's parents of any change in my address or the address of the minor within days of the change. I must get permission from the judge before moving out of state with the minor or traveling with the minor outside the state for more than 30 days. I cannot transfer custody of the minor to anyone, including the minor's parents, without permission from the judge. I will file any reports the judge requires. SIGN Under 735 ILCS 5/1-109, my signature means that: Everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and 2) I understand that making a false statement on this form is perjury and has penalties provided by law. If you are filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name Signature (s/ Print Name Print Name Email (if you have one) Address Email (if you have one) Address Street, Apt. # City State Zip Code Be sure to check your email every day so you do not miss important information, court dates, or documents from other parties. I I am a lawyer completing this form on behalf of a client (Client name): Lawyer Name Attorney Number Lawyer Phone Number Lawyer Phone Number Law Firm Lawyer Phone Number Lawyer Phone Number Law Firm Lawyer Phone Number Lawyer Phone Phone Phone P		-			· ·
Under 735 ILCS 5/1-109, my signature means that: 1) Everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and 2) I understand that making a false statement on this form is perjury and has penalties provided by law. If you are filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name Signature /s/ Print Name I am completing this form for myself Phone Number Email (if you have one) Address Street, Apt. # City State Zip Code Be sure to check your email every day so you do not miss important information, court dates, or documents from other parties. I am a lawyer completing this form on behalf of a client (Client name): Lawyer Name Attorney Number Law Firm	I unders I unders I unders	stand that: am responsible for the healt must notify the court and th days of the change. must get permission from th outside the state for more th cannot transfer custody of t	th, welfare, and education of the minor. ne minor's parents of any change in my address or the judge before moving out of state with the minor an 30 days. the minor to anyone, including the minor's parents,	the address	of the minor within 30
Print Name Pri	Under <u>73</u> 1) Everyt 2) I unde	thing in this document is true erstand that making a false st	e and correct, or I have been informed or I believe it tatement on this form is perjury and has penalties p	provided by l	law.
Phone Number Email (if you have one)	Signatur	e /s/	Print Name		
Address	☐ I am	completing this form for my	yself		
Street, Apt. # City State Zip Code Be sure to check your email every day so you do not miss important information, court dates, or documents from other parties. I am a lawyer completing this form on behalf of a client (Client name): Lawyer Name Attorney Number Lawyer Phone Number Law Firm	Phone N	umber	Email (if you have one)		
Lawyer Name Attorney Number Law Firm	Be sure to	Street, Apt. # o check your email every day so	o you do not miss important information, court dates, or	r documents	from other parties.
Lawyer Phone Number Law Firm					
Lawyer Email	Lawyer F	Phone Number	Law Firm		
	Lawyer E	Email			
Address City Act #	Address			Chat-	7:a C - d -
Street, Apt. # City State Zip Code APPROVED:		·	City		ир соае

Date (Month, Day, Year)

Judge