

# STATEMENT IN SUPPORT OF NOTICE BY PUBLICATION

(MINOR GUARDIANSHIP)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY: \_\_\_\_\_

County Where You Are Filing the Case

**GUARDIANSHIP OF:**

First, Middle, and Last Name of Minor Child

Case Number

(Clerk fills in)



I, \_\_\_\_\_ am providing the following information:

*Name of Proposed Guardian*

### INFORMATION ABOUT PERSON TO BE NOTIFIED BY PUBLICATION

1. Name of person I want to notify by publication: \_\_\_\_\_  
*First, Middle, Last Name*
2. This person is: *(Check the box that matches their relationship to the minor)*
- ☐ The parent of the minor;
- ☐ The minor's adult sibling;
- ☐ Someone who has or had legal or physical custody of this minor;
- ☐ Other: \_\_\_\_\_.
3. Their last known address is *(check one, fill in as much information as you know)*:
- ☐ \_\_\_\_\_  
*Street, Apt. # City State Zip Code*
- ☐ Unknown.

4. I cannot give notice to the person listed in section 1 in person or by mail because (*check one*):

☐ I cannot find them after diligent inquiry (for example, asking their friends and family for their location or searching the internet)

This is what I have done to try to find the person:

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☐ They are concealed (hidden) within the state.



## SIGN

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 \_\_\_\_\_

Lawyer Phone Number \_\_\_\_\_ Law Firm \_\_\_\_\_

Lawyer Email \_\_\_\_\_

Address \_\_\_\_\_

Street, Apt. #

City

*State*

Zip Code