FILE STAMP

-For Petitions involving MINORS-PROPOSED GUARDIAN INFORMATION SHEET *TO BE FILED UNDER SEAL*

Pursuant to 735 ILCS 5/1-109 of the Illinois Code of Civil Procedure, I certify and verify that all information set forth below is true and correct under penalty of perjury.

In Re:	
Case No.	
Proposed guardian's full name:	
Current address:	
Phone:	
Email:	
Date of birth:	
Last four digits of Social Security Number: xx-xxx-	
Driver's License or State I.D. number:	
Relationship to the minor(s):	
Full name and dates of birth of all household members:	
If you answer "Yes" to any of the following questions, attach a separate sheet providing	full details:
1. Have you ever been convicted of a felony? [] Yes, or [] No	
2. Have you, or any household members, ever been the respondent of an adjudicated find by the Illinois Department of Family Services (DCFS) or similar agency? [] Yes, or [] No	ling of abuse or neglect
3. Have you ever been adjudged a person with a disability? [] Yes, or [] No	
4. Have you, or any household members, ever been convicted of a felony involving harm including any felony sexual offense? [] Yes, or [] No	or threat to a child,
Date:	
Proposed Guardian	