

-For Petitions involving **ADULTS WITH DISABILITIES**-  
**PROPOSED GUARDIAN INFORMATION SHEET**  
**\*TO BE FILED UNDER SEAL\***

FILE STAMP
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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 adult with an alleged disability:

Residence of alleged person with a disability (if different from proposed guardian):

If you answer "Yes" to any of the following questions, attach a separate page providing full details:

1. Have you ever been convicted of a felony?  Yes, or  No
2. Have you ever been the respondent of an adjudicated finding of abuse, neglect or exploitation by the Illinois Department of Children Family Services (DCFS), Adult Protective Services (APS) or similar agency?  
 Yes, or  No
3. Have you ever been adjudged a person with a disability?  Yes, or  No
4. Have you ever been convicted of a felony involving harm or threat to a minor or an elderly person, including any felony sexual offense?  Yes, or  No
5. Have you ever been convicted of any crime involving the neglect or exploitation of an elderly person?  
 Yes, or  No
6. Does the alleged person with a disability have a Power of Attorney, Health Care Power of Attorney, Living Will, or similar advance directives for their care or management of their estate?  Yes, or  No, or  I don't know.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Proposed Guardian