

PROBATE STANDING ORDER NO. 1

For purposes of investigation and future contact, all proposed non-governmental guardians of persons with disabilities or minors shall, at the time of filing the Petition, provide the relevant "Guardian Information Sheet" (for either Adults with Disabilities or Minors; see attached). Because the form contains personally identifiable information, the Guardian Information Sheets shall be filed under seal with the Boone County Circuit Clerk. Access to the Guardian Information Sheet shall be limited to the Court and to the Guardian Ad Litem (GAL), unless otherwise directed by court order.


If there are multiple (co-) proposed guardians, each proposed guardian shall tender a Guardian Information Sheet for filing under seal.

No Letters of Office shall issue to any non-governmental guardian until the Guardian Information Sheet has been submitted.

Petitioners are requested to have appropriate orders with requested relief prepared in advance of their court date for presentment at hearing, if practicable, along with any copies of those orders that may need to be file-stamped by the court clerk.

SO ORDERED

Entered 5/3/2021



JUDGE OF THE CIRCUIT COURT

For Petitions Involving **ADULTS WITH DISABILITIES**
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 the information set forth below is true and correct
under penalty of perjury.

In Re:

Case No.:

Proposed Guardian's Full Name and Date of Birth:

Current Address:

Phone:

Email:

Last four digits of Social Security Number: xxx-xx-

Driver's License or State ID number:

Relationship to the adult with alleged disability:

Residence of alleged person with 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 or neglect by the Illinois Department of Family Services (DCFS) 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 felony sexual offense? [] Yes or [] No
5. Have you ever been convicted of any crime involving neglect or exploitation of an elderly person? [] Yes or [] No
6. Does the alleged person with a disability have a Power of Attorney, Healthcare Power of Attorney, Living Will, or similar advance directives for their care or the management of their estate? [] Yes or [] No or [] I do not know.

Date: _____

Signature Proposed Guardian

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 the information set forth below is true and correct
under penalty of perjury.

In Re:

Case No.:

Proposed Guardian's Full Name and Date of Birth:

Current Address:

Phone:

Email:

Last four digits of Social Security Number: xxx-xx-

Driver's License or State ID number:

Relationship to Minor(s):

Full name(s) and date(s) of birth of all household members:

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, or any household member, ever been the respondent of an adjudicated finding of abuse or neglect by the Illinois Department of Family Services (DCFS) 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 child, including any felony sexual offense? [] Yes or [] No

Date: _____

Signature Proposed Guardian