

STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT  
McLEAN COUNTY – IN PROBATE

In the Matter of the Estate of \_\_\_\_\_ )  
 )  
 ) No. \_\_\_\_\_  
 )  
\_\_\_\_\_)  
(Alleged Disabled Adult) )

**SUMMONS FOR APPOINTMENT OF GUARDIAN**

To: \_\_\_\_\_

You are summoned to appear at a hearing on a petition, a copy of which is attached, asking that you be adjudged disabled person and that a guardian be appointed of your:

\_\_\_\_\_  
(Estate, Person or Estate and Person)

The day for appearance is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_m. in the Law and Justice Center at 104 West Front Street, Bloomington, Illinois, Room \_\_\_\_\_.

You shall be permitted to obtain the appointment of counsel either at the hearing or by any written or oral request communicated to the court prior to the hearing, if the court finds that your interests will be best served by the appointment. **IF YOU DO NOT APPEAR, THE PETITION MAY BE GRANTED.**

E-filing is now mandatory for documents in civil cases with limited exemptions. To e-file, you must first create an account with an e-filing service provider. Visit <http://efile.illinoiscourts.gov/service-providers.htm> to learn more and to select a service provider. If you need additional help or have trouble e-filing, visit <http://www.illinoiscourts.gov/faq/gethelp.asp>.

**To the officer:**

This summons must be served on the alleged disabled person personally not later than 14 days before the day for appearance. The summons must be returned by the officer, or other person to whom it was given for service, with endorsement of service and fees, if any, not later than 2 days after service. If service cannot be made on the alleged disabled person personally, the summons shall be returned so indorsed.

WITNESS \_\_\_\_\_

\_\_\_\_\_  
(Clerk of the Circuit Court)

(Seal of Court)

By: \_\_\_\_\_  
(Deputy)

**REQUIRED**

Attorney Name: \_\_\_\_\_

Attorney for: \_\_\_\_\_

ARDC #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE READ THE NOTICE OF RIGHTS OF RESPONDENT ON BACK OF THIS DOCUMENT**

## NOTICE OF RIGHTS OF RESPONDENT

You have been named as a respondent in a guardianship petition asking that you be declared a disabled person. If the court grants the petition, a guardian will be appointed for you. A copy of the guardianship petition is attached for your convenience.

Date and time of hearing: \_\_\_\_\_

Place where hearing will occur:

Law & Justice Center  
104 West Front Street, Room \_\_\_\_\_  
Bloomington, Illinois 61701

Judge's name and phone number:

The Honorable \_\_\_\_\_  
Phone No.: 309-\_\_\_\_\_

If a guardian is appointed for you, the guardian may be given the right to make all important personal decisions for you, such as where you may live, what medical treatment you may receive, what places you may visit, and who may visit you. A guardian may also be given the right to control and manage your money and other property, including your home, if you own one. You may lose the right to make these decisions for yourself.

You have the following legal rights:

1. You have the right to be present at the court hearing.
2. You have the right to be represented by a lawyer; either one that you retain, or one appointed by the judge.
3. You have the right to ask for a jury of six persons to hear your case.
4. You have the right to present evidence to the court and to confront and cross-examine witnesses.
5. You have the right to ask the judge to appoint an independent expert to examine you and give an opinion about your need for a guardian.
6. You have a right to ask that the court hearing be closed to the public.
7. You have the right to tell the court whom you prefer to have for your guardian.

You do not have to attend the court hearing if you do not want to be there. If you do not attend, the judge may appoint a guardian if the judge finds that a guardian would be of benefit to you. The hearing will not be postponed or canceled if you do not attend.

**IT IS VERY IMPORTANT THAT YOU ATTEND THE HEARING IF YOU DO NOT WANT A GUARDIAN OR IF YOU WANT SOMEONE OTHER THAN THE PERSON NAMED IN THE GUARDIANSHIP PETITION TO BE YOUR GUARDIAN. IF YOU DO NOT WANT A GUARDIAN OR IF YOU HAVE ANY OTHER PROBLEMS, YOU SHOULD CONTACT AN ATTORNEY OR COME TO COURT AND TELL THE JUDGE.**

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I certify that on \_\_\_\_\_, \_\_\_\_\_, I served this summons on the alleged disabled person by leaving a copy with him personally and informing him of its contents.

Sheriff's Fees		
Service and Return _____	\$ _____	_____ Sheriff of _____ County
Miles _____	\$ _____	
Total _____	\$ _____	By: _____
		(Deputy)

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