

STATE OF ILLINOIS, CIRCUIT COURT McLEAN COUNTY	PETITION TO TERMINATE ADULT GUARDIANSHIP	FOR COURT USE ONLY
In the Matter of the Estate of		
_____ (First, Middle, Last Name) Disabled Person.		_____ Case Number

Petitioner, _____, pursuant to 755 ILCS 5/11a-20, petitions the court to terminate a guardianship and in support thereof, states as follows:

1. On or about _____ (*insert date of guardianship*), the court found that _____ was a disabled adult and appointed a guardian of the person/estate/person and estate (*circle one*).

2. The names and addresses of the guardian(s) are:

Guardian's Name: _____

Address: _____

Co-Guardian's Name: _____

Address: _____

3. The names and addresses of the Petitioner(s) are:

_____ The same as the above (if the guardian(s) are the petitioner(s)).

OR

Petitioner's Name: _____

Address: _____

Co-Petitioner: _____

Address: _____

4. The guardianship is no longer needed for the following reasons (***select all that apply***):

___ Death. The ward died on _____ (***date of death***).

___ The Ward is no longer in Illinois. The ward has moved to the State of _____, and guardianship has been obtained in that state.

___ The Ward has regained capacity and can perform the tasks necessary for the care of his/her person or the management of his/her estate.

___ The Ward, in conjunction with legal counsel, has executed an appropriate Mental Health Treatment Preference Declaration, Illinois Healthcare Power of Attorney or Property Power of Attorney that allow an appropriate person to assist him/her in the management of his/her affairs.

___ The Assets of the Ward have been depleted and the Ward is a Medicaid recipient with less than \$2000 in financial assets and his/her finances are monitored by the Illinois Department of Human Services.

___ Other (**explain the reasons the guardianship is no longer needed**).

_____.

5. Supporting documentation for the Petition to Terminate Adult Guardianship, such as death certificate, certified copy of guardianship order from another state, medical reports or other evaluations, financial records, or Powers of Attorneys, are attached.

Based upon the above, Petitioner(s) request that the court terminate the guardianship.

Name of Petitioner/Attorney for Petitioner X _____
Signature of Petitioner/Attorney for Petitioner

Address, City, State and Zip Code

Telephone Number

Email Address

Attorney's ARDC number

CERTIFICATION

I/We, the undersigned, certify under penalties as provided by law pursuant to 735 ILCS 5/1-109 and Supreme Court Rule 137 that the statements set forth in this instrument are true and correct.

Petitioner