IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT McHENRY COUNTY, ILLINOIS Probate Division

	Р	robate Division		
IN	THE MATTER OF)))		
	Alleged Disabled Person) Casa Number		
	PETITION FOR APPOINTMENT OF T	EMPORARY GUARI	DIAN FOR DISABLED PERSON	
			hereby certifies:	
1.	On, 20	_, a petition was filed here	ein for the appointment of a guardian of the, an	
	(Estate and Person, Estate, Person) alleged disabled person whose date of birth is	and	whose place of residence is	
2.		(City) (County) (State) guardian is necessary for the welfare and protection of the respondent because:		
3.	Petitioner is		lleged disabled person	
2. 4.	(State relationship and interest to respo	elationship and interest to respondent) f the respondent's * (a) Guardian (b) Agent under the Durable Power of Attorney Law is		
5.	The names and addresses of the respondent's nea kindred known to Petitioner)	rest relatives are as follow	ws: (if none, respondent's nearest adult	
Sp	ouse and Adult Children:			
	Name	Address	Relationship to respondent	
6.	The name and address of the person with whom, or the facility in which the respondent is residing is:			
7	(a) Approximate value of respondent's personal	estate: \$		
/.	 a) Approximate value of respondent's personal estate: \$			
	(c) The anticipated gross annual income and other receipts of the respondent are: \$			
8.	Petitioner asks that	(4.11)		
	(Name) Vears	(Address) qualif ⁻	(City and State) ied and willing to act be appointed	
	years,(age) (Occupation)	, quant		
	as temporary guardian of the(Estate and Per	C	of the alleged disabled person.	
*St	rike either (a) or (b)	Ison, Estate, Person)		
Na	me		The undersigned certifies that the statements set forth in	
			this instrument are true and correct, except as to matters therein stated to be on information and belief and as to	
Attorney forAddress		such matters t	he undersigned certifies as aforesaid that believes the same to be true.	
	ty, State Zip			
re	lephone		Petitioner's Signature	