

# Adult With Disabilities Guardianship Process

**LEGAL COUNCIL**  
FOR HEALTH JUSTICE

Please Note: This information is for training purposes only and nothing here should be construed as legal advice for any individual legal matter.

Happy to answer questions,  
but nothing here should be  
construed as legal advice for  
any individual legal matter.

I'm in Cook County; other Illinois counties  
have different rules and different forms. The  
legal standard is the same across the state.

Not addressing new Supported Decision Making law today

AWD = adult with disabilities

# Why Guardianship?

When a person turns 18, they gain all of the rights and responsibilities of an adult, whether they can make decisions or not.

This means no one else has the right to decide for an adult what medical procedure to get, what school to go to, or where to live.

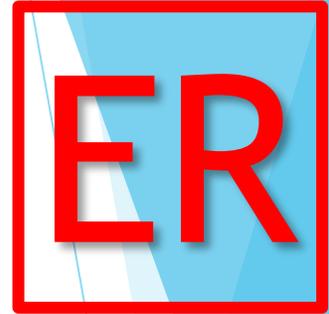
When someone turns 18 and CAN'T make these kinds of decisions, they are in legal limbo until a guardian is appointed by a court.

# What are the options?

- ▶ Health Care Surrogate Act
- ▶ Powers of Attorney - Health, Property
- ▶ Adult Guardianship - the most restrictive result, the highest bar to meet
- ▶ Successor Guardianship v. Standby v. Short-term
- ▶ Will someone contest your petition?



# Health Care Surrogate Act



- ▶ If it's an emergency and the person has no POA and no capacity, then Health Care Surrogate Act should provide for patient's care
  - ▶ Surrogate decision makers
  - ▶ on behalf of patient who Physician determines is lacking decisional capacity to make medical treatment decisions or to terminate life-sustaining treatment
  - ▶ Purpose: so that decisions may be made without judicial involvement of any kind

# Health Care Surrogate Act



- ▶ Order of Hierarchy:
  - ▶ Patient's guardian of the person
  - ▶ Patient's spouse
  - ▶ Any adult son or daughter of the patient
  - ▶ Either parent of the patient
  - ▶ Any adult brother or sister of the patient
  - ▶ Any adult grandchild of the patient
  - ▶ A close friend
  - ▶ Patient's guardian of the estate
  - ▶ Juvenile Court ordered temporary custodian

# Illinois Powers of Attorney

- ▶ You must *have power to give power*
- ▶ Ask, “Does person have capacity to sign?”
  - ▶ If not, then guardianship needed; can’t use POA
- ▶ Principal: person who signs a power of attorney or other instrument granting powers to agent
- ▶ Agent: person designated to act by principal, “attorney-in-fact”
- ▶ Designates same powers to agent that principal would otherwise have to consent to or refuse, including after death of principal



# Living Will

- ▶ Document describing wishes of patient related to death-delaying procedures
- ▶ Need decisional capacity to sign
- ▶ Must be over 18
- ▶ Only goes into effect upon terminal condition (death is imminent and treatment only prolongs dying)



# Guardianship Basics

## Guardian Rights

- ▶ participate in treatment and care planning
- ▶ access and talk to professionals involved in your ward's care
- ▶ look at, and obtain, a copy of your ward's records including medical and school records
- ▶ access your ward's residence
- ▶ be notified of incidents, injuries, and changes in your ward's condition
- ▶ authorize a representative payee for Social Security benefits

## Ward Rights

- ▶ The right to have input into decision-making
- ▶ The right to refuse mental health treatment
- ▶ The right to engage in sexual activity The right to vote; if they are legal residents, citizens of the U.S., and have the desire and ability to vote.
- ▶ The right to marriage (guardian needs a court order to prevent a marriage)
- ▶ The right to get counseling and psychotherapy The right to have services that are 1) least restrictive, 2) person-centered, and 3) maximize independence.
- ▶ The ward does not have the right to own a firearm.

# Does the adult with disabilities (AWD) have Decisional Capacity?

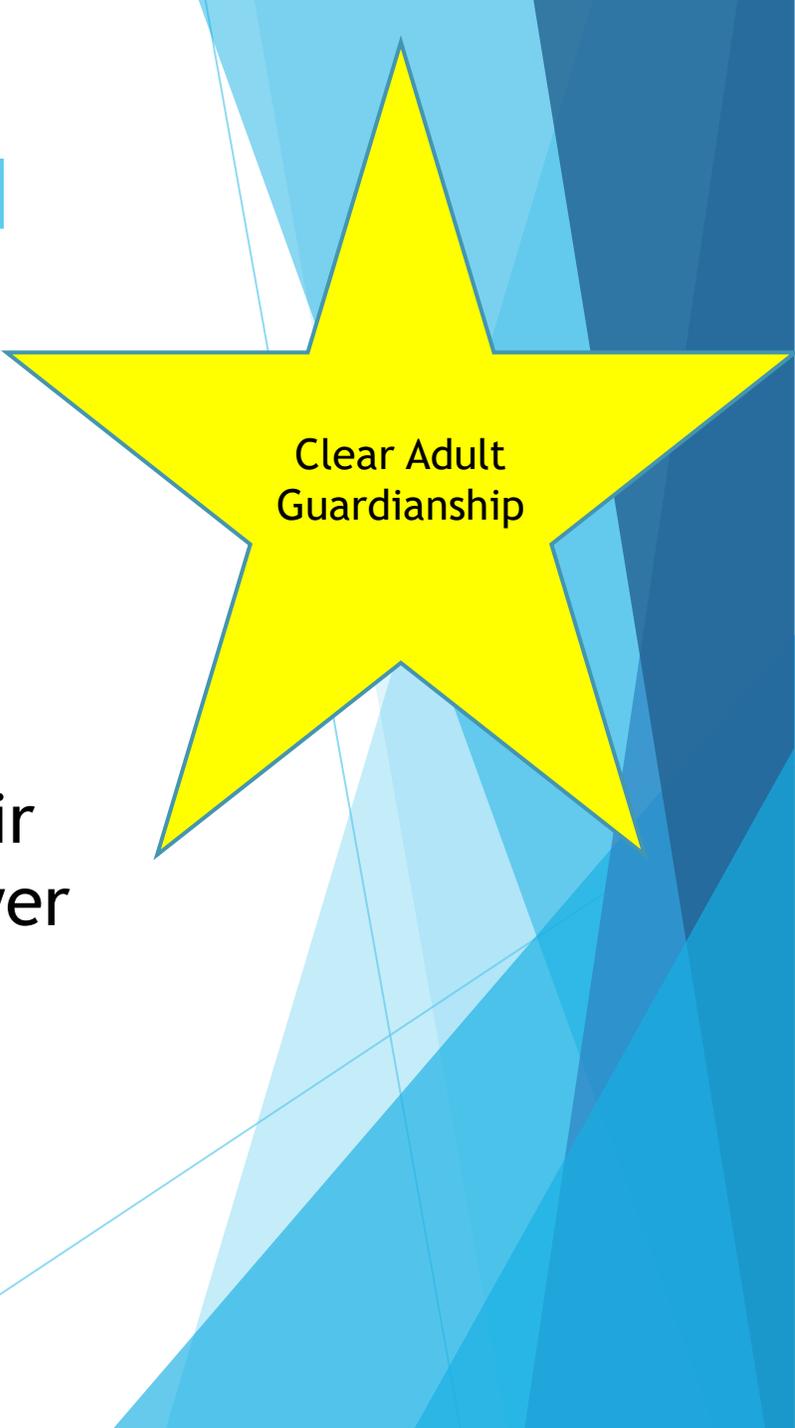
- ▶ “the ability to understand and appreciate the nature and consequences of a decision regarding medical treatment or forgoing life-sustaining treatment and the ability to reach and communicate an informed decision in the matter as determined by the attending physician.”
  - ▶ From the Health Care Surrogate Act



The  
determining  
factor!

# Scenario 1 - Guardianship Needed

- ▶ AWD can't make any decisions, can't understand the questions being asked
- ▶ Physician determines they have no decisional capacity
  - ▶ Doesn't have decisional capacity to assign their rights to someone else - cannot execute a Power of Attorney



Clear Adult  
Guardianship

## Scenario 2 - No need for Guardianship

- ▶ AWD needs help managing systems and finances, but can understand and make decisions
- ▶ Can AWD get all needs met with:
  - ▶ SSI “Rep Payee” - anyone can act as Representative Payee and have permission to conduct all SSI requirements
  - ▶ Delegation of Educational Rights - AWD turning 18 can allow caregiver to continue to hold AWD’s education rights
  - ▶ Power of Attorney - Health care
  - ▶ Medicaid/SNAP: Approved Representative Form



No obvious  
need for  
adult  
guardianship

# Guardianship Terms

- ▶ Petitioner: person asking to be guardian
- ▶ Respondent: AWD over whom guardianship is being decided
- ▶ Uncontested (everyone agrees in advance) v. Contested (AWD or someone else disagrees with Petitioner)
- ▶ Notice: a court-required mailing to all interested people telling them of the court date
- ▶ Custody: not a guardianship term; refers to Divorce decree about division of parental responsibility

# Adult Guardianship

- ▶ A legal relationship between a Guardian, who is appointed by the court, and a person over 18 with a disability who cannot manage personal or financial decisions
- ▶ Always aim for the *least restrictive* circumstances for people with disabilities to live full, autonomous lives
- ▶ Guardianship only when absolutely necessary because person will no longer be able to make decisions, consent to procedures, etc., without Guardian
- ▶ Not for mental health: Guardian cannot involuntarily commit or force medications



# AWDs still have many rights!

Wards of guardianship have the freedom to make their own decisions based on their personal beliefs, thoughts, and abilities.

This freedom includes the right to make bad decisions, like: overeating, hanging out with questionable friends, and wearing sweatpants to a formal dinner.

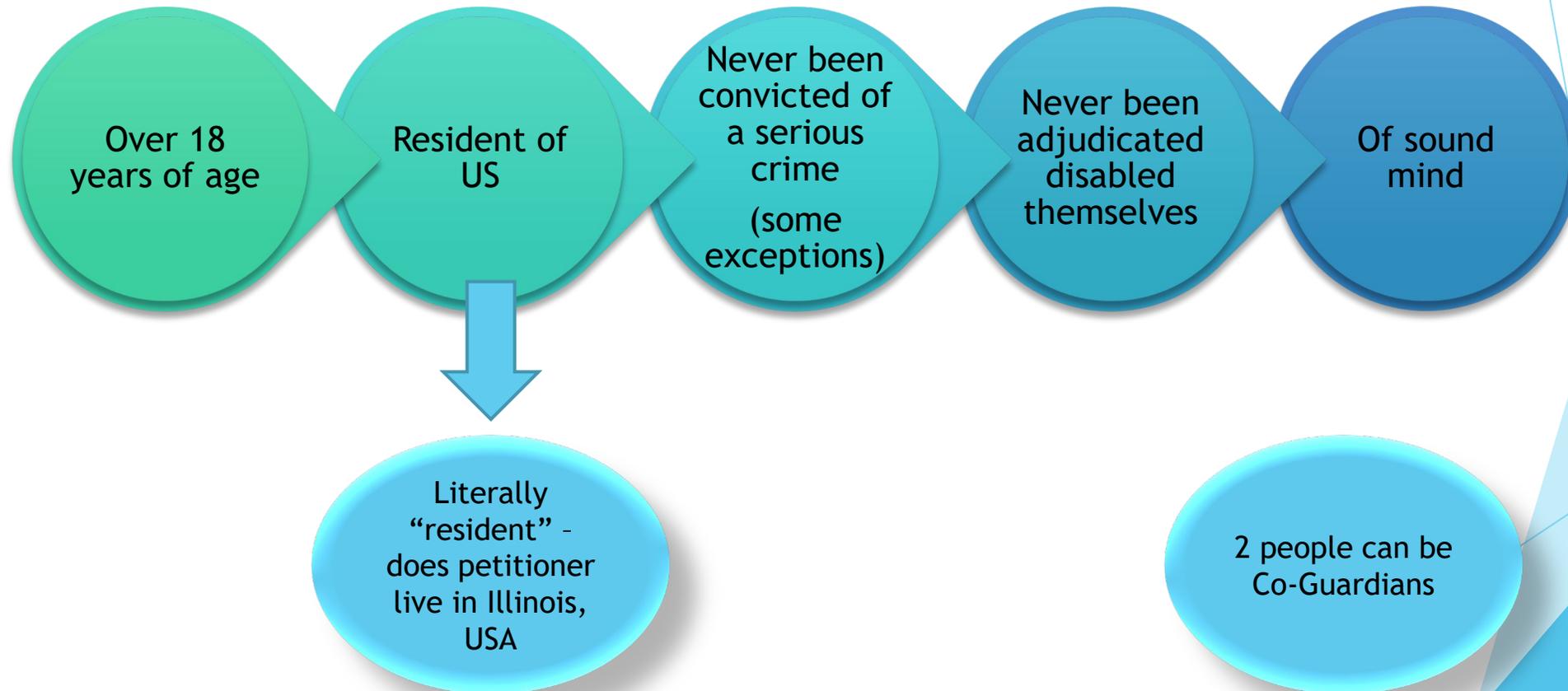
Guardians cannot use their position as guardian to impose their will on an adult who has a will of their own - even if the adult ward is the guardian's child.

Must maximize self-reliance; must decide based on what AWD would want.

# Guardian Decision-Making - Legal Considerations:

- ▶ Will this decision help the person become more independent?
  - ▶ Example: Is the person able to live semi-independently in an apartment with supportive services instead of a group home with 24-hour supervision?
- ▶ Will this decision help the person with their self-reliance?
  - ▶ Example: Is the person able to learn to take the bus to the store instead of having to depend on someone for a ride?
- ▶ Will this decision be the least restrictive option for the person?
  - ▶ Example: Can the person learn to work at a job in the community with the help of a job coach instead of working in a workshop with constant supervision?
- ▶ Is this decision focused on the person with the disability?
  - ▶ Example: Is the decision based on what the person wants and needs instead of what the guardian wants and needs?

# Who can be a Guardian?



# Report of Physician

## Start with Physician's Report

-----

Physician fills out form  
with details about  
impairment, level of  
needed support

- ▶ Establishes the need for guardianship
- ▶ Must use the court's form
- ▶ Must be completed by a licensed doctor
- ▶ **\*\*Exam\*\*** must be within three months of filing
- ▶ Needs to explicitly state the AWD can't make decisions; needs guardian for personal and financial decisions



1

# What types of guardianship are there?



# Levels of Adult Guardianship

- ▶ Plenary Guardianship of the Person: Guardian has all authority to make all major decisions over person
  - ▶ Guardianship of the Estate, or Person and Estate:
  - ▶ Estate example: adult patient has SSI back payment over \$10,000
- ▶ Limited Guardianship: Physician feels Adult can make some decisions
  - ▶ (family may benefit from legal assistance in this case)
- ▶ Temporary Guardianship: for emergency use, Petitioners can go into court without Physician's Report, but must also file for the permanent guardianship proceedings
  - ▶ Court can approve guardian for 30-60 days while Physician's Report is obtained. Then hearing held.

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT, PROBATE DIVISION

File No. \_\_\_\_\_

Estate of \_\_\_\_\_

Alleged Person with a Disability

REPORT OF PHYSICIAN

\_\_\_\_\_, a licensed physician, submits the following Report on  
[printed name of the physician]

\_\_\_\_\_, an alleged person with a disability (the "Respondent"), based  
[printed name of the alleged person with a disability]

upon evaluations of the Respondent performed on \_\_\_\_\_

**NOTE: The evaluations upon which this Report is based must have been performed within three (3) months of the date the petition for guardianship is filed.**

1. The following is a description of the nature and type of the Respondent's disability and an assessment of how the disability impacts on the ability of the Respondent to make decisions or to function independently, including an underlying diagnosis and a description of the manifestations of the disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The following is an analysis and the results of evaluations of the Respondent's mental and physical condition, and (if appropriate) a description of the Respondent's educational condition, adaptive behavior and social skills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The following is my opinion as to whether guardianship is needed, the type and scope of the guardianship needed, and the reasons for my opinion, including whether the Respondent is **totally** or only **partially** incapable of making **personal** and **financial** decisions and if only **partially**, the kinds of decisions which the Respondent can and cannot make:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The following is my recommendation as to the most suitable living arrangement for the Respondent and (if appropriate) the treatment or habilitation plan for the Respondent, and the reasons for my recommendation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next Page

About capacity,  
plus other  
diagnoses

Totally incapable  
of personal or  
financial decisions

If the description of the Respondent's mental, physical and educational condition, adaptive behavior or social skills is based upon evaluations by other professionals, all professionals preparing evaluations must also sign this Report.

5. The following are the names, addresses, certifications, licenses or other credentials, and signatures of each other person who performed an evaluation upon which this Report is based:

a. Name \_\_\_\_\_

Address \_\_\_\_\_

License (state and number) \_\_\_\_\_

Certification \_\_\_\_\_

Other credentials \_\_\_\_\_

Signature \_\_\_\_\_

b. Name \_\_\_\_\_

Address \_\_\_\_\_

License (state and number) \_\_\_\_\_

Certification \_\_\_\_\_

Other credentials \_\_\_\_\_

Signature \_\_\_\_\_

\*

\_\_\_\_\_  
[signature of the physician preparing this Report]

\_\_\_\_\_  
[license (state and number)]

\_\_\_\_\_  
[address of the physician]

\_\_\_\_\_  
[city/state/zip]

\_\_\_\_\_  
[physician's telephone]

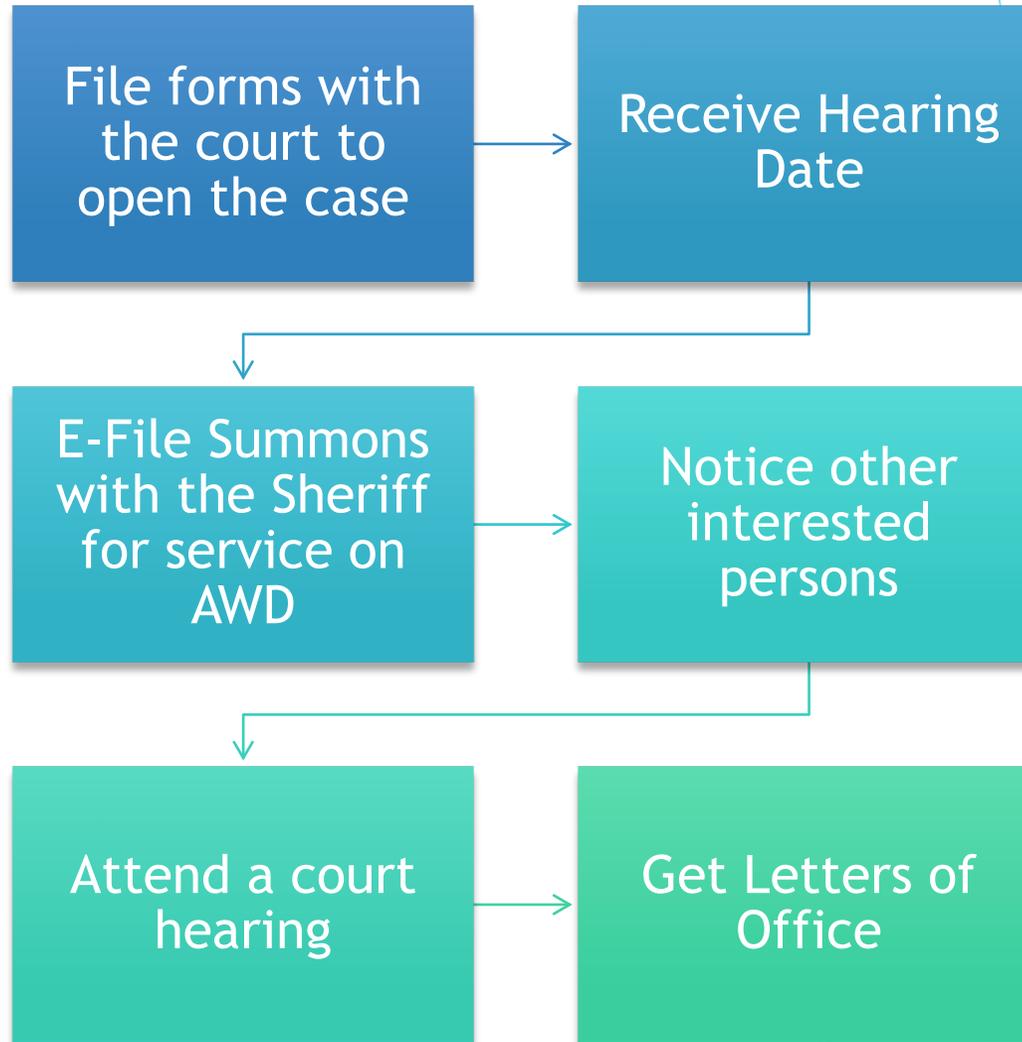
Certification \_\_\_\_\_

Other credentials \_\_\_\_\_

**\*This Report must be signed by a licensed physician.**

# What is the Guardianship Process?

No Physician's Report?  
DO NOT PASS GO



# Petition

Must e-file  
\$168.00 Fee  
(plus processing  
fee)

Application for  
Waiver of Court  
Fees

Sheriff Service  
Fee of \$60

Must have  
current photo ID

2

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT – PROBATE DIVISION

File No. \_\_\_\_\_

Estate of \_\_\_\_\_

Alleged Person with a Disability

**PETITION FOR APPOINTMENT OF GUARDIAN OF A PERSON WITH A DISABILITY**

*Does the Petitioner expect the Alleged Person With A Disability to appear in court?*  Yes  No

In accordance with §11a-8 of the Probate Act of 1975 (“Probate Act”) [755 ILCS 5/11a-8] and §§201 - 204 of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act (“UAGPPJA”) [755 ILCS 8/201 - 204], the

Petitioner, \_\_\_\_\_  
[printed name of the Petitioner]

states under the penalties of perjury:

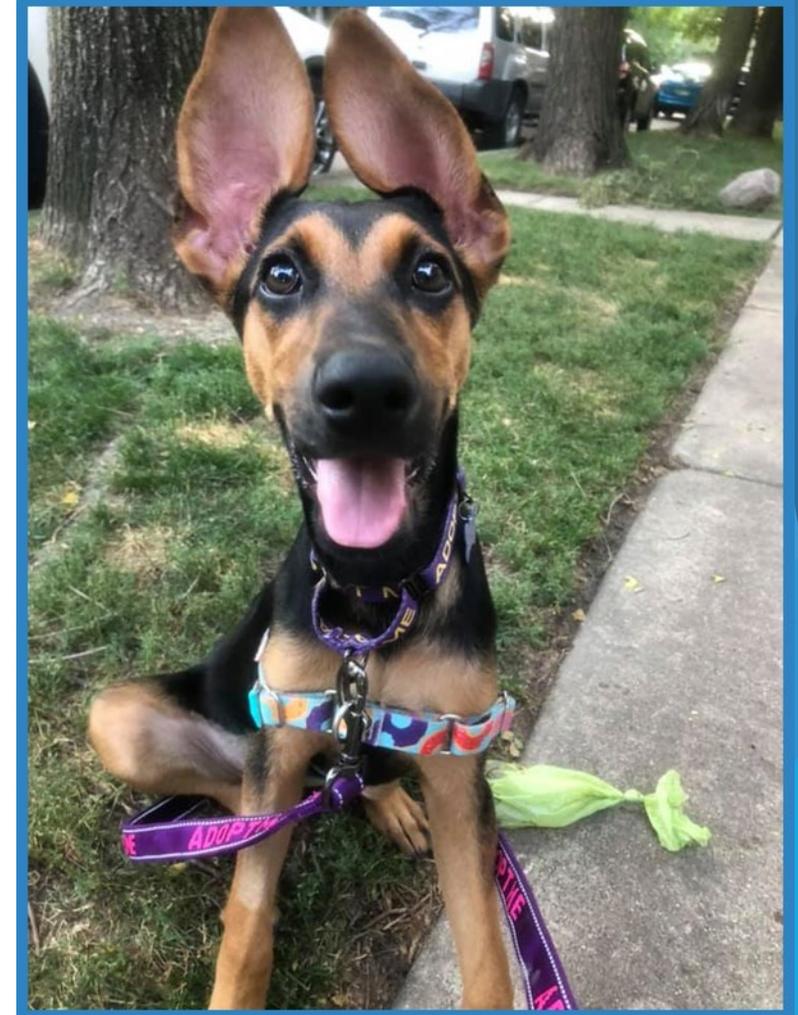
1. \_\_\_\_\_ (the “Respondent”),  
[printed name of the alleged person with a disability]  
whose year of birth is \_\_\_\_\_, who is 18 years or older, who resides in Cook County, and whose  
place of residence is \_\_\_\_\_  
\_\_\_\_\_, is a person with a disability;  
[address/city/county/state/zip code]
2. The relationship to and interest in the Respondent of the Petitioner is \_\_\_\_\_
- \*3. The reasons for the guardianship are that the Respondent is a person with a disability due to \_\_\_\_\_  
\_\_\_\_\_ and because of that disability  
[description of disability]
  - (a) lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the care of the Respondent’s person;
  - (b) is unable to manage the Respondent’s estate or financial affairs;
4. (a) The approximate value of the Respondent’s estate is: Personal \$ \_\_\_\_\_ Real \$ \_\_\_\_\_;  
(b) The amount of the Respondent’s anticipated annual gross income and other receipts are: \$ \_\_\_\_\_;
5. The names and post office addresses of the Respondent’s Guardian, if any, or of the Respondent’s agent(s) appointed under any Power of Attorney Act, if any, and of the Respondent’s nearest relatives entitled to notice, are listed on Exhibit A attached to this Petition “Nearest relatives” means, in the following order, (a) the spouse (including a party to a civil union) and adult children, the parents and adult brothers and sisters or, if none, (b) the nearest adult kindred known to the Petitioner;
6. The names and post office addresses of any minor or adult who is dependent upon the Respondent are also listed on Exhibit A attached to this Petition.
7. The name and address of the person with whom, or the facility in which, the Respondent is residing is \_\_\_\_\_
- \*8.  (a) No Petition for the appointment of a Guardian of the Respondent is pending in any other jurisdiction;  
 (b) A Petition for the appointment of a Guardian of the Respondent is pending in \_\_\_\_\_;
- \*\*9.  (a) Illinois is the Respondent’s “home state” as defined in §201(a)(2) of the UAGPPJA.  
 (b) \_\_\_\_\_ is the Respondent’s “home state”, but Illinois is a “significant-connection state” as defined in §201(a)(3) of the UAGPPJA, and one of the additional requirements specified in §203(2)(A)-(B) of UAGPPJA applies.

\* Check the appropriate box or boxes

\*\* Check the appropriate basis for jurisdiction

# Guardian ad litem

- ▶ “GAL”
  - ▶ Court appointed attorney
  - ▶ Acts as court’s “eyes and ears”
  - ▶ “Best Interests” of the Respondent, but GAL is NOT the Respondent’s attorney or representative
- ▶ Can avoid this by Respondent coming to court hearing - judge will question them for understanding



IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT – PROBATE DIVISION

File No. \_\_\_\_\_

Estate of \_\_\_\_\_

Alleged Person with a Disability

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*Does the Petitioner expect the Alleged Person With A Disability to appear in court?*  Yes  No

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Petitioner, \_\_\_\_\_  
[printed name of the Petitioner]

states under the penalties of perjury:

1. \_\_\_\_\_ (the “Respondent”),  
[printed name of the alleged person with a disability]  
whose year of birth is \_\_\_\_\_, who is 18 years or older, who resides in Cook County, and whose  
place of residence is \_\_\_\_\_  
\_\_\_\_\_, is a person with a disability;  
[address/city/county/state/zip code]
2. The relationship to and interest in the Respondent of the Petitioner is \_\_\_\_\_
- \*3. The reasons for the guardianship are that the Respondent is a person with a disability due to \_\_\_\_\_  
\_\_\_\_\_ and because of that disability  
[description of disability]
  - (a) lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the care of the Respondent’s person;
  - (b) is unable to manage the Respondent’s estate or financial affairs;
4. (a) The approximate value of the Respondent’s estate is: Personal \$ \_\_\_\_\_ Real \$ \_\_\_\_\_;  
(b) The amount of the Respondent’s anticipated annual gross income and other receipts are: \$ \_\_\_\_\_;
5. The names and post office addresses of the Respondent’s Guardian, if any, or of the Respondent’s agent(s) appointed under any Power of Attorney Act, if any, and of the Respondent’s nearest relatives entitled to notice, are listed on Exhibit A attached to this Petition “Nearest relatives” means, in the following order, (a) the spouse (including a party to a civil union) and adult children, the parents and adult brothers and sisters or, if none, (b) the nearest adult kindred known to the Petitioner;
6. The names and post office addresses of any minor or adult who is dependent upon the Respondent are also listed on Exhibit A attached to this Petition.
7. The name and address of the person with whom, or the facility in which, the Respondent is residing is \_\_\_\_\_
- \*8.  (a) No Petition for the appointment of a Guardian of the Respondent is pending in any other jurisdiction;  
 (b) A Petition for the appointment of a Guardian of the Respondent is pending in \_\_\_\_\_;
- \*\*9.  (a) Illinois is the Respondent’s “home state” as defined in §201(a)(2) of the UAGPPJA.  
 (b) \_\_\_\_\_ is the Respondent’s “home state”, but Illinois is a “significant-connection state” as defined in §201(a)(3) of the UAGPPJA, and one of the additional requirements specified in §203(2)(A)-(B) of UAGPPJA applies.

\* Check the appropriate box or boxes

\*\* Check the appropriate basis for jurisdiction

- (c) Illinois is not the Respondent's "home state" or a "significant-connection state" as defined in §201(a)(2)-(3) of the UAGPPJA, but the "home state" and every "significant-connection state" have declined to exercise jurisdiction because Illinois is the most appropriate forum.
- (d) Illinois is not the Respondent's "home state" or a "significant-connection state" as defined in §201(a)(2)-(3) of the UAGPPJA, but the circumstances involved constitute an "emergency" as defined in §201(a)(1) of the UAGPPJA, and, as a result, the Court has "special jurisdiction" under §204(a) of the UAGPPJA.

The Petitioner asks that \_\_\_\_\_ be adjudged a person with a disability, and that  
[printed name of the Respondent]

A. \_\_\_\_\_  
[printed name of the proposed Guardian]  
\_\_\_\_\_  
[post office address/city/state/zip code]  
age \_\_\_\_\_ years, \_\_\_\_\_,  
[relationship to the Respondent] [occupation]  
who is qualified and willing to act and who \_\_\_\_\_ been convicted of a felony, be  
(has) (has not)  
appointed as Guardian of the \_\_\_\_\_ of the Respondent.  
(estate and person) (estate only)

\*\*\*B. \_\_\_\_\_  
[printed name of the proposed Guardian]  
\_\_\_\_\_  
[post office address/city/state/zip code]  
age \_\_\_\_\_ years, \_\_\_\_\_,  
[relationship to the Respondent] [occupation]  
who is qualified and willing to act and who \_\_\_\_\_ been convicted of a felony, be  
(has) (has not)  
appointed as Guardian of the person only of the Respondent.

\*\*\*C. \_\_\_\_\_  
[printed name of the proposed Guardian]  
be appointed even though \_\_\_\_\_ has been convicted of a felony because:  
(he) (she)  
(i) the appointment is in the Respondent's best interests, after considering the nature and date of the offense and the evidence of the proposed Guardian's rehabilitation, and  
(ii) the offense is not one which, under §11a-5(5) of the Probate Act, would prohibit the appointment.

\*\*\* Strike if not applicable.

Attorney Number \_\_\_\_\_  
Name \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Attorneys for \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

\_\_\_\_\_  
[signature of the Petitioner]  
\_\_\_\_\_  
[address of the Petitioner]  
\_\_\_\_\_  
[city/state/zip code]  
Service via Email will be accepted at:  
\_\_\_\_\_  
by consent pursuant to Ill. Sup. Court Rules 11 and 131.  
\_\_\_\_\_  
Attorney Certification

# Notice to Interested Persons

- ▶ Petitioner must send notice and Petition
  - ▶ Form requires both parents, adult siblings, adult children know about court
    - ▶ If none from listed notice is living, then any other living relatives should be included
  - ▶ Mail or hand deliver *more than* 14 days before the hearing
  - ▶ Explain this does not require person to come to court



# Summons



- ▶ Sheriff will hand Summons to Respondent, called “personal service”
  - ▶ ***More than*** 14 days before the hearing
  - ▶ Sheriff cannot serve a minor, so must serve after 18<sup>th</sup> birthday
  - ▶ Court won’t accept Sheriff leaving service with anyone other than Respondent
  - ▶ Cannot request plain clothes Sheriff in Cook County

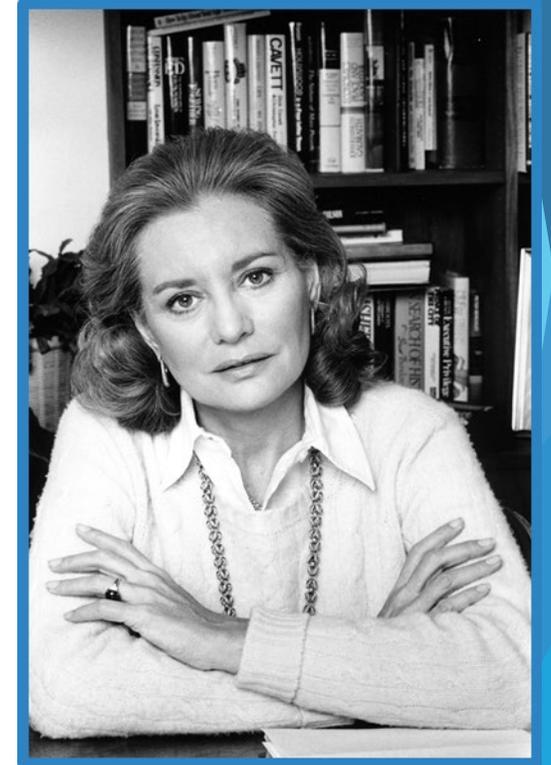
# Guardianship Hearing

- ▶ Judge will swear you in and decide:
  - ▶ Does Respondent object?
  - ▶ Does the person have a disability and lack all decisional capacity (based on Physician's Report)?
  - ▶ Who should be the guardian?
- ▶ Will ask for a Care Plan and annual update/report
- ▶ Issue Order, then Letters of Office following hearing



# Annual Reporting Requirements

- ▶ **\*\*Report\*\*** to court every year
  - ▶ Mental, physical, and social health
  - ▶ Present living arrangement
  - ▶ Summary of professional and educational services
  - ▶ Mail 3 weeks before court date and shouldn't have to come back in



IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT, PROBATE DIVISION

File No. \_\_\_\_\_

Estate of \_\_\_\_\_

\_\_\_\_\_ A Person with a Disability

**GUARDIAN'S ANNUAL REPORT REGARDING WARD**

Pursuant to §11a-17(b) of the Probate Act of 1975 [755 ILCS 5/11a-17(b)], \_\_\_\_\_  
[printed name of the Guardian]

having been appointed on \_\_\_\_\_ as guardian of the person of  
[date of appointment]

\_\_\_\_\_ (the "Ward"), submits this annual Report  
[printed name of the a person with a disability]

as follows (if the Ward is deceased, attach a copy of the death certificate and do not complete the numbered paragraphs of this Report):

- The Ward is now \_\_\_\_\_ years of age.  
The Ward's current mental diagnosis: \_\_\_\_\_  
The Ward's current physical diagnosis: \_\_\_\_\_  
The Ward's current mental condition: \_\_\_\_\_  
The Ward's current physical condition: \_\_\_\_\_  
The Ward's current social condition: \_\_\_\_\_

- The Ward's current living arrangements, including the place of residence, and the Guardian's opinion as to the appropriateness of those arrangements: \_\_\_\_\_  
\_\_\_\_\_

The Ward's other places of residence since the last report and the length of stay at each place:

Address of Other Place of Residence	Length of Stay
_____	_____
_____	_____
_____	_____

- Medical and dental services provided to the Ward: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational service provided to the Ward: \_\_\_\_\_

Vocational and other professional services provided to the Ward: \_\_\_\_\_  
\_\_\_\_\_

4. A summary of the Guardian's visits with and activities on behalf of the Ward:

Dates	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. The Guardian recommends that there \_\_\_\_\_ a need for continued guardianship because \_\_\_\_\_  
(is) (is not)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Other information concerning the Ward which may in the opinion of the Guardian be useful to the Court:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
[signature of the Guardian]

\_\_\_\_\_  
[printed name of the Guardian]

\_\_\_\_\_  
[address of the Guardian]

\_\_\_\_\_  
[city/state/zip code]

\_\_\_\_\_  
[telephone of Guardian]

**Mail To:**

The Judge assigned to Calendar \_\_\_\_\_  
Circuit Court of Cook County, Probate Division  
Richard J. Daley Center, 18th Floor  
50 West Washington Street  
Chicago, Illinois 60602

Service via email from opposing party/counsel will be accepted at:

\_\_\_\_\_  
by consent pursuant to Ill. Sup. Ct. Rules 11 and 131.

# Short-term v. Standby Guardianship

- ▶ Short-term Guardianship: Statutory form signed in front of 2 witnesses allows parent/guardian to delegate decision-making to someone else
  - ▶ Don't have to sign at the same time (short-term guardian can sign later)
  - ▶ Does not change parent/guardian's rights - they can always end it
  - ▶ Adults: cumulative total up to 60 days across a year
- ▶ Standby: in any writing, including a will, names a person to act as back-up if current guardian is incapacitated
  - ▶ Must bring Standby form into court and ask for Standby Person to be appointed Guardian within 60 days of transition
- ▶ Successor: follower to Standby Guardian; can be named in Standby Form

# When You Must Return to Court

- ▶ residential placement
- ▶ any procedure that will permanently prevent your ward from having children *except* in emergency situations to preserve life or prevent serious impairment to your ward's health
- ▶ make changes to, revoke, or resign from the guardianship
- ▶ fully or partially restore your ward's decision-making rights
- ▶ have your ward involuntarily hospitalized or involuntarily treated for mental illness

# SSI (Supplemental Security Income) Disability Benefits

- ▶ Once a person on SSI turns 18, Social Security Administration (SSA) expects them to pay rent. If the ward does not pay rent, SSA will keep one-third of the SSI check in place of the free housing the adult receives.
- ▶ The Guardian can create a lease to document that the guardian will pay part of the rent or mortgage from the ward's SSI. The Guardian should keep receipts of the payment (usually at least \$300 per month).

# Pro Se Adult Guardianship Help Desk

Richard J. Daley Center  
12<sup>th</sup> floor, Room 1202  
50 West Washington Street  
Chicago, IL 60602

- ▶ Unclear Covid status of help desk
- ▶ No phone
- ▶ No appointments, first come, first served
- ▶ (Pro se petitioners seeking assistance should arrive by 11:00 am)

## CARPLS

Advice hotline and referral service for Cook - (312) 738-9200

Wait time is often 20 minutes

## Prairie State Legal Services

Search by county for legal services,  
including representation in  
guardianship

No services for undocumented  
immigrants

# Questions?

Please Note: This information is for training purposes only and nothing contained herein should be construed as legal advice for any individual legal matter.

Anyone having questions regarding any individual legal matter should seek a referral to a private attorney through the Chicago Bar Association or contact a local legal hotline or legal aid website, such as Illinois Legal Aid Online.