

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT  
LEE COUNTY, ILLINOIS

In the Matter of

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\_\_\_\_\_  
Adult with Disability.

Case. No. \_\_\_\_\_

**OATH OF OFFICE OF GUARDIAN OF THE PERSON OF AN ADULT WITH DISABILITY  
(To be completed by each Guardian)**

I, \_\_\_\_\_, hereby accept the Office of Guardian of the Person of  
Name of Guardian  
\_\_\_\_\_ and agree to faithfully discharge the duties of this Office.  
Name of Adult with Disability

By accepting this Office, I understand that I must abide by the duties and responsibilities required by law and set forth in the Illinois Probate Act at 755 ILCS 5/11a, which specifically include but are not limited to the following:

**INITIAL EACH:**

\_\_\_\_\_ I understand that I am under a duty to annually report about the health and welfare of the adult with disability. I understand that if I fail to file an Annual Report, this Court may, at its discretion, remove me as Guardian, sanction me, and/or sentence me to a period in jail for contempt of Court.

\_\_\_\_\_ I understand that I may not force the adult with disability to stay in a nursing home or residential care facility without specific approval by this Court.

\_\_\_\_\_ I understand that I am responsible for the health and welfare of the adult with disability.

\_\_\_\_\_ I understand that I must report any change of my address and/or the adult with disability's address to the Court within thirty (30) days of such move.

\_\_\_\_\_ I understand that I must complete the training program that outlines the responsibilities of the Guardian of the person and the rights of the person under Guardianship and file with the Court a certificate of completion one year from the date of issuance of the letters of Guardianship

I am bound to the People of the State of Illinois to faithfully discharge the duties of this Office. Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure the undersigned certifies that the statements set forth in this instrument are true and correct.

\_\_\_\_\_  
(Signature of Guardian)

Prepared by:  
Name: \_\_\_\_\_ SRL   
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
ARDC #: \_\_\_\_\_  
E-mail address: \_\_\_\_\_