

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT

LEE COUNTY, ILLINOIS

In the Matter of

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)  
)  
)  
)

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

A Minor.

**OATH OF OFFICE OF GUARDIAN OF THE PERSON OF A MINOR**

I, \_\_\_\_\_ hereby state that I accept the office of the  
*Name of Guardian*

Guardian of the Person of the minor named above, and will fulfill the following duties and responsibilities of the office as required by law as set forth in Section 11-13 of the Probate Act of 1975 (755 ILCS 5/11-13(a)).

**INITIAL EACH**

\_\_\_\_\_ I have a duty to inform the Court of any change in my address and/or the address of the minor within 30 days of any change.

\_\_\_\_\_ I understand I am under a duty to annually report to this Court about the health and welfare of the minor. The first report must be filed on or before the following date: \_\_\_\_\_ (*deadline for filing first annual report*).

\_\_\_\_\_ I understand I am responsible for the health and welfare of the minor.

\_\_\_\_\_ I understand if I want to move out of state (relocate), I must first obtain Court permission.

\_\_\_\_\_ I understand that I cannot transfer physical custody of the minor to any other persons, including the minor's biological parent(s) without first obtaining a Court order allowing the transfer.

\_\_\_\_\_ Other: \_\_\_\_\_

I am bound to the People of the State of Illinois to the 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.

Signed: \_\_\_\_\_  
*Guardian of the Person of Minor*

**Approved:**

\_\_\_\_\_  
**Judge**

Prepared by:

Name: \_\_\_\_\_ SRL

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_