Email

ARDC#

UNITED STATES OF AMERICA STATE OF ILLINOIS COUNTY OF LASALLE IN THE CIRCUIT COURT OF THE 13TH JUDICIAL CIRCUIT

In the matter of the Guardianship	
of the Person and Estate of:	
	No.
An Alleged Disabled Person	
SUI	MMONS
APPOINTMENT OF GUARI	DIAN FOR DISABLED PERSON
To:	
YOU ARE HEREBY SUMMONED to appear at a hear	ing on the Petition of
	n appointed to make decisions for you regarding yourself or
Take notice that you must file your answer or otherwis Room at the LaSalle County Courthouse, 11, 20, at	
	proceed with the hearing by default and your rights may be
have the right to be represented by a lawyer. You have the Court may appoint one for you either at the hearin Court prior to the hearing, unless the Court finds that trail. You may confront and cross-examine all witnesse	d Litem to explain this matter to you. At the hearing, you e the right to attend the hearing. If you do not have a lawyer, or by any written or oral request communicated to the a lawyer is not required. You have the right to demand a jury es and present your own witness. You have the right that hit to request that an expert be appointed to examine you.
	or video conference. This is called a 'Remote Appearance. rebsite at www.lasallecounty.com to find out how to do this.
account with an e-filing service provider. Visit http://efileselect a service provider. If you need additional help of gethelp.asp or talk with your local Circuit Clerk's office that allows you to file in person or by mail. Ask your circle for you are unable to pay your court fees, you can apply	s with limited exemptions. To e-file, you must first create are ellinoiscourts.gov/service-providers.htm to learn more and to be have trouble e-filing, visit http://www.illinoiscourts.gov/FAQ e. If you cannot e-file, you may be able to get an exemption cuit clerk for more information or visit www.illinoislegalaid.org of for a fee waiver. For information about defending yourself in tiver), or to apply for free legal help, go to www.illinoislegalaid or a fee waiver application.
the date of appearance. The summons must be return service with endorsement of service and fees, if any, represent the made on the alleged disabled person personally, the	d person personally not later than fourteen (14) days before ned by the officer or other person to whom is was given for not later than three (3) days after service. If services cannot nis summons shall be returned so endorsed.
	TER THAN 30 DAYS AFTER THE DATE WITNESSED.
Name	Witness,,
Address	
AddressCity	Clerk of Court
City Telephone	(Seal of Court)

Date of Service______,

NOTICE OF RIGHTS

To:				
Alleged Disa	bled Person			
	as a respondent in a guardia rants the petition, a guardiar enience.			
The date and time of th	e hearing are:		·	
The place where the he	earing will occur is:			÷
The Judge's name and	phone number is:			
for you, such as where who may visit you. A gu	ed for you, the guardian may you may live, what medical ardian may also be given th you own one. You may lose	treatment you may receive right to control and ma	ve, what places you m nage your money and	nay visit, and
	legal rights: e right to be present at the c e right to be represented by		you retain, or one ap	pointed by the
(3) You have th (4) You have th (5) You have the opinion abou (6) You have th	e right to ask for a jury of six e right to present evidence t e right to ask the Judge to app ut your need for a guardian. e right to ask that the court I e right to tell the court whom	to the court and to confro point an independent expendenting be closed to the	ont and cross-examine ert to examine you and public.	
a guardian if the Judge celled if you do not atte the Judge can decide to	nd the hearing if you do not finds that a guardian would nd. If you are unable to atte o hold the hearing at a place State, or its local equivalent,	be of benefit to you. The end the hearing in person that is convenient. The	hearing will not be po or you will suffer harr Judge can also follow	estponed or can- m if you attend, the rule of the
WANT SOMEONE OTH GUARDIAN. IF YOU DO	IT THAT YOU ATTEND THE HER THAN THE PERSON N O NOT WANT A GUARDIAN IEY OR COME TO COURT	IAMED IN THE GUARDI. I OR IF YOU HAVE ANY	ANSHIP PETITION TO OTHER PROBLEMS	O BE YOUR
	SH	ERIFF'S FEES		
Service and return Miles		Sheriff of _		County
Total	s summons on Respondents	e as follows		
r certify that i served thi	s summons on Respondent	s as lollows		
. , .	dentPersonal service is red py and a copy of the petition	. ,	pondent personally, a	s follows:
Name of respondent				
Sex Race	Approx. Ag	je		
			Sheriff of	County
Date of Service		Time	By	County
				, Deputy