

**IN THE CIRCUIT COURT FOR
THE TWENTY-THIRD JUDICIAL CIRCUIT
KENDALL COUNTY, ILLINOIS**

Estate of: (Alleged Disabled Person)

Case No. _____

Name:

Address:

City:

State:

Zip:

(file stamp here)

**SUMMONS FOR APPOINTMENT OF
GUARDIAN FOR DISABLED PERSON**

You are summoned to appear at a hearing on a petition to adjudge you a disabled person and have a guardian appointed to make decisions for you regarding yourself or your property or both. A copy of the petition is attached.

On _____, 20____ at _____M. a hearing will be held in Room _____ of the Kendall County Courthouse, 807 W. John., Yorkville, Illinois, to determine whether or not a guardian shall be appointed for you.

The Court will appoint a person, called a guardian ad litem, to explain this matter to you.

At the hearing, you have a right to be represented by a lawyer. You have the right to attend the hearing. If you do not have a lawyer, the Court will appoint one for you unless the Court finds that a lawyer is not required. You have the right to demand a jury trial. You may confront and cross-examine all witnesses and present your own witnesses. You have the right to request that your hearing to be closed to the public. You have the right to request that an expert be appointed to examine you.

E-filing is now mandatory for documents in civil cases with limited exemptions. To e-file, you must first create an account with an e-filing service provider, Visit <http://efile.illinoiscourts.gov/service-providers.htm>. to learn more and to select a service provider. If you need additional help or have trouble e-filing, visit <http://www.illinoiscourts.gov/FAQ/gethelp.asp>.

Name:

Attorney for Petitioner:

Address:

City/State:

Telephone:

Witness, _____, 20____

Clerk of the Circuit Court

TO THE OFFICER:

This summons must be served on the alleged disabled person personally not later than 14 days before the day for appearance. The summons must be returned by the Officer, or other person to whom it was given for service, with endorsement of service and fees, if any, not later than 2 days after service. If service cannot be made on the alleged person personally, this summons shall be returned so endorsed.

RETURN

I certify that on _____, 20____ I served this summons on the alleged disabled person by leaving a copy with him/her personally and informing him/her of its contents.

Sheriff's Fees Service \$ _____
and return Miles \$ _____
Total \$ _____

Sheriff
by _____ Deputy