

IN THE CIRCUIT COURT OF THE FOURTEENTH JUDICIAL CIRCUIT
ROCK ISLAND COUNTY, ILLINOIS
PROBATE DIVISION

IN RE THE ESTATE OF: _____

)
)
)
)

CASE NO. _____

**APPEARANCE AND CONSENT TO THE PETITION FOR
APPOINTMENT/DISCHARGE OF GUARDIAN OF ADULT WITH DISABILITY**

I, _____, relationship:

(Name of consenting party)

☐

mother

☐

current guardian

☐

other _____

☐

father

☐

adult sibling

(relationship)

state that I am over the age of 18 and am under no legal disability.

I do hereby appear, waive notice, and consent to the immediate

☐

appointment

☐

discharge of

_____, as guardian of the ☐ person ☐ estate of the

(Name of proposed/current guardian)

adult with disability or minor, _____.

Print Name of Consenting Party

Signature of Consenting Party

Address of Consenting Party

City/State/Zip

SUBSCRIBED and SWORN to before me

ENTERED: _____.

Notary Public

(Seal)

Prepared by:

Name: _____ SRL ☐

Address: _____

City: _____ State: _____

Phone: _____ Zip Code: _____

ARDC #: _____

E-mail address: _____