

SHORT-TERM GUARDIANSHIP ILLINOIS STATUTORY FORM



September 2008

WARNING!

Before you proceed with using this packet, you should ask yourself the following questions:

1. Have I tried to consult a private attorney?

No self-help publication, packet, or form can replace the advice and experience of a licensed attorney. An attorney may not cost as much as you think, especially if you just need to ask questions. Before you proceed on your own, call several local attorneys, compare prices, and find out whether you can pay an attorney or not.

2. If I cannot afford an attorney, have I tried to find a free source of legal assistance?

There are some agencies which provide legal assistance for free to certain groups of individuals. While they may not be able to help you with a particular problem, it does not hurt to call them to find out before you proceed on your own. What follows is a list of legal service agencies that may or may not be available to help with your case:

Land Of Lincoln Legal Assistance

Serves the 65 southernmost counties in Illinois

Toll free: 877-342-7891

For additional information, you may visit their website at:

[Http://www.lollaf.org](http://www.lollaf.org)

Prairie State Legal Services

Serves most of northern and north central Illinois outside of Cook County

815-965-2134

800-331-0617

<http://www.pslegal.org/>

Coordinated Advice and Referral Program for Legal Service

serving Cook County, 312-738-9200

and Will County

815-727-5123

APPOINTMENT OF SHORT-TERM **GUARDIAN** OF A MINOR

[IT IS IMPORTANT TO READ THE FOLLOWING INSTRUCTIONS:

By properly completing this **form**, a parent or the **guardian** of the person of the child is appointing a **guardian** of a child of the parent (or a minor ward of the **guardian**, as the case may be) for a period of up to 365 days. A separate **form** should be completed for each child. The person appointed as the **guardian** must sign the **form**, but need not do so at the same time as the parent or parents or guardian.

This **form** may not be used to appoint a **guardian** if there is a **guardian** already appointed for the child, except that if a **guardian** of the person of the child has been appointed, that **guardian** may use this **form** to appoint a short-term **guardian**. Both living parents of a child may together appoint a **guardian** of the child, or the **guardian** of the person of the child may appoint a **guardian** of the child, for a period of up to 365 days through the use of this **form**. If the short-term **guardian** is appointed by both living parents of the child, the parents need not sign the **form** at the same time.]

1. Parent (or **guardian**) and Child. I, _____

(insert name of appointing parent or **guardian**), currently residing at _____

(insert address of appointing parent or **guardian**), am a parent (or the **guardian** of the person) of the following child (or of a child likely to be born):

Name

Birth date or expected birth date

(insert name and date of birth of child, or insert the words “not yet born” to appoint a short-term **guardian** for a child likely to be born and the child’s expected date of birth).

2. Guardian. I hereby appoint the following person as the short-term **guardian** for the child:

Name: _____ Address: _____

(insert name and address of appointed person)

3. Effective Date. This appointment becomes effective: (check one if you wish it to be applicable):

On the date that I state in writing that I am no longer either willing or able to make and carry out day-to-day child care decisions concerning the child.

On the date that a physician familiar with my condition certifies in writing that I am no longer willing or able to make and carry out day-to-day child care decisions concerning the child.

On the date that I am admitted as an in-patient to a hospital or other health care institution.

On the following date: _____ (insert date).

Other: _____

_____ (insert other).

[NOTE: If this item is not completed, the appointment is effective immediately upon the date the **form** is signed and dated below.]

4. Termination. This appointment shall terminate 365 days after the effective date, unless it terminates sooner as determined by the event or date I have indicated below: (check one if you wish it to be applicable)

On the date that I state in writing that I am willing and able to make and carry out day-to-day child care decisions concerning the child.

On the date that a physician familiar with my condition certifies in writing that I am willing and able to make and carry out day-to-day child care decisions concerning the child.

On the date that I am discharged from the hospital or other health care institution where I was admitted as an in-patient, which established the effective date.

On the date which is _____ days after the effective date. (State a number of days, but no more than 365 days).

Other: _____

_____ (insert other).

[NOTE: If this item is not completed, the appointment will be effective for a period of 365 days, beginning on the effective date.]

5. Date and signature of appointing parent or **guardian**. This appointment is made this _____ (insert day) day of _____ (insert month and year).

Signed: _____

(appointing parent or guardian)

6. Witnesses. I saw the parent (or the **guardian** of the person of the child) sign this instrument or I saw the parent (or the **guardian** of the person of the child) direct someone to sign this instrument for the parent (or the **guardian**). Then I signed this instrument as a witness in the presence of the parent (or the **guardian**). I am not appointed in this instrument to act as the short-term **guardian** for the child.

Witness: _____ (signature)

_____ (print name)

_____ (address)

Witness: _____ (signature)

_____ (print name)

_____ (address)

7. Acceptance as short-term guardian. I accept this appointment as short-term **guardian** on this _____ (insert day) day of _____ (insert month and year).

Signed: _____

(short-term guardian)

8. Consent of child's other parent. I, _____ (insert name of child's other living parent), currently residing at _____ (insert address of child's other living parent), hereby consent to this appointment on this _____ (insert day) day of _____ (insert month and year).

Signed: _____

(consenting parent)

[NOTE: The signature of a consenting parent is not necessary if one of the following applies: (i) the child's other parent has died; or (ii) the whereabouts of the child's other parent are not known; or (iii) the child's other parent is not willing or able to make and carry out day-to-day child care decisions concerning the child; or (iv) the child's parents were never married and no court has issued an order establishing parentage.]