5. The Defendant's agent appointed under the Illinois Power of Attorney Act is:

Name: _____

Address: _____

City/State/Zip: _____

6. Petitioner's relationship and interest is: _____.

It is asked that:

(a) _____ be adjudged a disabled person, and that (b)
(Name)

_____
(Name) (Address) (City/State/Zip)

(if an individual add) at the age of _____ years, _____
(Occupation)

qualified and willing to act, be appointed as Plenary/Limited Guardian of his/her _____
(Estate) (Estate and Person)

_____, at the age of _____ years of his/her person.
(City/State/Zip)

_____
Petitioner

Address: _____

City/State/Zip: _____

Signed and sworn to before me

_____
Notary Public

Name: _____

Attorney for: _____

ARDC No: _____

Address: _____

City: _____ State: _____ Zip code: _____

Area Code/Telephone: _____

Print Form