



NOTICE OF HEARING ON PETITION FOR GUARDIANSHIP OF A MINOR

(MINOR GUARDIANSHIP)
IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY: _____
County Where You Are Filing the Case

GUARDIANSHIP OF:

First, Middle, and Last Name of Minor Child

Case Number
(Clerk fills in)



You must send this form to everyone who needs notice at least **7 days** before the court date.

COURT DATE INFORMATION

Enter the date and time of your court date. Call your Circuit Clerk's office to get this information. If e-filing in Cook County, you may get the date when you e-file.

- The courtroom and address of the court building.
- The call-in or video information for remote appearances (if applicable).
- The clerk's phone number and website.

All this information is available from the Circuit Clerk's office. You can find their contact information at:
ilcourts.info/clerks

- a. I filed a *Petition for Guardianship of a Minor* with the court. The court date for the is scheduled on:

_____ at _____ a.m. p.m. in _____.
Month, Day, Year *Time* *Courtroom Number*

Court dates may be scheduled in-person, remotely, or a combination of in-person and remotely. Find out how your court date will be scheduled and provide that information here. Add the Circuit Clerk's phone number and website.

- b. You may attend court any of the ways checked:

In person at: _____ *Courtroom Address* *Courtroom Number*
 Remotely (video or telephone option)

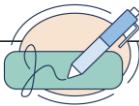
By video conference at: _____
Video Conference Website

Log-in information: _____
Video Conference Log-in Information, Meeting ID, Password, etc.

By telephone at: _____
Call-in Number for Telephone Remote Appearance

To find out more about remote court options:

Phone: _____ or Website: _____
Circuit Clerk's Phone Number *Website URL*

SIGN

Under [735 ILCS 5/1-109](#), my signature means that:

- 1) Everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and
- 2) I understand that making a false statement on this form is perjury and has penalties provided by law.

If you are filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name.

Signature /s/ _____ Print Name _____

I am completing this form for myself

Phone Number _____ Email (if you have one) _____

Address _____

Street, Apt. #

City

State

Zip Code

Be sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.

I am a lawyer completing this form on behalf of a client (Client name): _____

Lawyer Name _____ Attorney Number _____

Lawyer Phone Number _____ Law Firm _____

Lawyer Email _____

Address _____

Street, Apt. #

City

State

Zip Code

PROOF OF DELIVERY

You must send the *Petition for Guardianship of a Minor* and this *Notice of Hearing* at least **7 days** before the court date. You must use the options below to send documents, you cannot use email.

For minor guardianship cases, you **must send the Petition and this Notice** to:

- The minor's closest relatives—you should have listed them already in **Section 3b** of the *Petition for Guardianship of a Minor* and on the *Additional Relatives* form if you ran out of room on the *Petition*.
- The short-term guardian (if any) and standby guardian (if any).
- The minor if the minor is 14 or older.

Use this form to show that you are sending the *Petition* and *Notice* to up to 4 people. If you are sending the *Petition* and this *Notice* to more than 4 people, fill out and attach the *Additional Proof of Delivery* to this form.

1. I am sending the *Petition for Guardianship of a Minor* and this *Notice of Hearing* to:

a. Name: _____

First	Middle	Last
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b. This person is: (*What is the relationship to the minor?*)

- | | |
|--|--|
| <input type="checkbox"/> Parent of the minor
<input type="checkbox"/> The minor who is at least 14 years old
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Minor's sibling who is at least 18 years old
<input type="checkbox"/> Someone who has had legal or physical custody of the minor |
|--|--|

c. I am sending the documents to this address:

Street, Apt. #	City	State	Zip Code
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By (check all that apply):

Personal hand delivery.

You can only deliver to the person, person's family member over 13 at person's residence, person's lawyer, or the lawyer's office.

Mail or third-party carrier (FedEx, UPS, etc.) to the address listed above, with postage or delivery prepaid.

Location of mailbox or third-party carrier: _____

Address or Intersection	City	State
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Mail from a prison or jail: _____

Name and Address of Prison or Jail

This document will be sent on:

Date: _____ Time: _____
Month, Day, Year *include AM or PM*

2. I am sending the *Petition for Guardianship of a Minor* and this *Notice of Hearing* to:

a. Name: _____
First *Middle* *Last*

b. This person is: (*What is the relationship to the minor*)

Parent of the minor

Minor's sibling who is at least 18 years old

The minor who is at least 14 years old

Someone who has had legal or

Other: _____

physical custody of the minor

c. I am sending the documents to this address:

Street, Apt. #	City	State	Zip Code
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By (check all that apply):

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Mail from a prison or jail: _____

Name and Address of Prison or Jail

This document will be sent on:

Date: _____ Time: _____
Month, Day, Year *include AM or PM*

3. I am sending the *Petition for Guardianship of a Minor* and this *Notice of Hearing* to:

a. Name: _____
 First _____ Middle _____ Last _____

b. This person is: (*What is the relationship to the minor*)

- Parent of the minor Minor's sibling who is at least 18 years old
 The minor who is at least 14 years old Someone who has had legal or
 Other: _____ physical custody of the minor

c. I am sending the documents to this address:

Street, Apt. #	City	State	Zip Code
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By (*check all that apply*):

- Personal hand delivery.

You can only deliver to the person, person's family member over 13 at person's residence, person's lawyer, or the lawyer's office.

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Address or Intersection	City	State
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- Mail from a prison or jail: _____

Name and Address of Prison or Jail

This document will be sent on:

Date: _____ Time: _____
 Month, Day, Year include AM or PM

4. I am sending the *Petition for Guardianship of a Minor* and this *Notice of Hearing* to:

a. Name: _____
 First _____ Middle _____ Last _____

b. This person is: (*What is the relationship to the minor*)

- Parent of the minor Minor's sibling who is at least 18 years old
 The minor who is at least 14 years old Someone who has had legal or
 Other: _____ physical custody of the minor

c. I am sending the documents to this address:

Street, Apt. #	City	State	Zip Code
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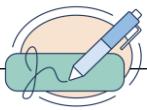
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- Mail from a prison or jail: _____

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**SIGN**

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Signature /s/ _____ Print Name _____

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Phone Number _____ Email (if you have one) _____

Address _____
Street, Apt. # _____ City _____ State _____ Zip Code _____

Be sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.

I am a lawyer completing this form on behalf of a client (Client name): _____

Lawyer Name _____ Attorney Number _____

Lawyer Phone Number _____ Law Firm _____

Lawyer Email _____

Address _____
Street, Apt. # _____ City _____ State _____ Zip Code _____