



# ADDITIONAL PROOF OF DELIVERY MINOR GUARDIANSHIP

(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)*

## Additional Proof of Delivery continued from the *Notice of Hearing on Petition for Guardianship of a Minor*:

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*

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.

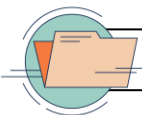
Location of mailbox or third-party carrier: \_\_\_\_\_  
*Address or Intersection City State*

☐ Mail from a prison or jail: \_\_\_\_\_  
*Name and Address of Prison or Jail*

This document will be sent on:

Date: \_\_\_\_\_  
*Month, Day, Year*

Time: \_\_\_\_\_  
*include AM or PM*



File this form with your *Notice of Hearing on Petition for Guardianship of a Minor*.