



# STATEMENT IN SUPPORT OF NOTICE BY PUBLICATION

(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

First, Middle, and Last Name of Minor Child

Case Number

(Clerk fills in)



I, \_\_\_\_\_ am providing the following information:

*Name of Proposed Guardian*

### INFORMATION ABOUT PERSON TO BE NOTIFIED BY PUBLICATION

1. Name of person I want to notify by publication: \_\_\_\_\_  
*First, Middle, Last Name*
2. This person is: *(Check the box that matches their relationship to the minor)*
- ☐ The parent of the minor;
- ☐ The minor's adult sibling;
- ☐ Someone who has or had legal or physical custody of this minor;
- ☐ Other: \_\_\_\_\_.
3. Their last known address is *(check one, fill in as much information as you know)*:
- ☐ \_\_\_\_\_  
*Street, Apt. # City State Zip Code*
- ☐ Unknown.

