



# OATH OF GUARDIAN

(MINOR GUARDIANSHIP – PERSON ONLY)  
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)*

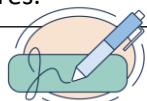
 Use this form if you are asking for guardianship of the person only in the *Petition* in section 10. If you are asking to be guardian of the estate only or person and estate, use the *Oath & Bond of Guardian* form.

I, \_\_\_\_\_, *Name of Proposed Guardian*

on oath promise that I will faithfully fulfill the duties and responsibilities of Guardian of the Person of the minor above.  
I understand that:

- I am responsible for the health, welfare, and education of the minor.
- I must notify the court and the minor's parents of any change in my address or the address of the minor within 30 days of the change.
- I must get permission from the judge before moving out of state with the minor or traveling with the minor outside the state for more than 30 days.
- I cannot transfer custody of the minor to anyone, including the minor's parents, without permission from the judge. I will file any reports the judge requires.

## 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 \_\_\_\_\_

## APPROVED:

Judge \_\_\_\_\_

Date (Month, Day, Year) \_\_\_\_\_

This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts. Forms are free at [ilcourts.info/forms](#).