



# 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: \_\_\_\_\_

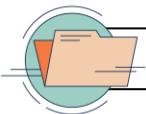
Address or Intersection \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Mail from a prison or jail: \_\_\_\_\_

Name and Address of Prison or Jail \_\_\_\_\_

This document will be sent on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Month, Day, Year      include AM or PM



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