



# 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*)

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

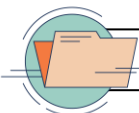
☐ Mail or third-party carrier (FedEx, UPS, etc.) to the address listed above, with postage or delivery prepaid.

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*.