



NOTICE OF HEARING ON PETITION FOR GUARDIANSHIP OF A MINOR

(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)



You must send this form to everyone who needs notice **at least 7 days** before the court date.

COURT DATE INFORMATION

Enter the date and time of your court date. Call your Circuit Clerk's office to get this information. If e-filing in Cook County, you may get the date when you e-file.

- The courtroom and address of the court building.
- The call-in or video information for remote appearances (if applicable).
- The clerk's phone number and website.

All this information is available from the Circuit Clerk's office. You can find their contact information at:
ilcourts.info/clerks

- a. I filed a *Petition for Guardianship of a Minor* with the court. The court date for the is scheduled on:

_____ at _____ ☐ a.m. ☐ p.m. in _____.
Month, Day, Year *Time* *Courtroom Number*

Court dates may be scheduled in-person, remotely, or a combination of in-person and remotely. Find out how your court date will be scheduled and provide that information here. Add the Circuit Clerk's phone number and website.

- b. You may attend court any of the ways checked:

☐ **In person** at: _____
Courtroom Address *Courtroom Number*

☐ **Remotely** (video or telephone option)

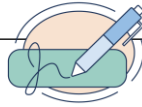
By video conference at: _____
Video Conference Website

Log-in information: _____
Video Conference Log-in Information, Meeting ID, Password, etc.

By telephone at: _____
Call-in Number for Telephone Remote Appearance

To find out more about remote court options:

Phone: _____ or Website: _____
Circuit Clerk's Phone Number *Website URL*



Case Number _____

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

PROOF OF DELIVERY



You must send the *Petition for Guardianship of a Minor* and this *Notice of Hearing* **at least 7 days** before the court date. You must use the options below to send documents, you cannot use email.

For minor guardianship cases, you **must send the *Petition* and this *Notice*** to:

- The minor's closest relatives—you should have listed them already in **Section 3b** of the *Petition for Guardianship of a Minor* and on the *Additional Relatives* form if you ran out of room on the *Petition*.
- The short-term guardian (if any) and standby guardian (if any).
- The minor if the minor is 14 or older.

Use this form to show that you are sending the *Petition* and *Notice* to up to 4 people. If you are sending the *Petition* and this *Notice* to more than 4 people, fill out and attach the *Additional Proof of Delivery* to this form.

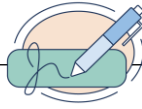
1. I am sending the *Petition for Guardianship of a Minor* and this *Notice of Hearing* to:

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 |

include AM or PM



Case Number _____

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Street, Apt. # City State Zip Code

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☐ **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