

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT

_____ **COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF (Alleged Disabled Person):

Name: _____ Case No.: _____

Address: _____

City, State, Zip: _____

Date of birth: _____

**STATEMENT OF RIGHT TO DISCHARGE GUARDIAN OR MODIFY
GUARDIANSHIP ORDER**

TO: _____

As a result of a proceeding in the Probate Division of the Circuit Court of _____ County, you have been adjudged a disabled person and a guardian has been appointed for you. The duties of your guardian have also been determined in this proceeding.

If at any time you find that your capacity to perform the tasks necessary for the care of your person or the management of your estate have changed so as to warrant the discharge of your guardian or the modification of your guardian's duties, you may petition the court for such an order pursuant to 755 ILCS 5/11a-20.

You may communicate your request to the court or judge by any means, including but not limited to informal letter, telephone call or visit. Notice of a hearing must be given to each and every guardian but not less than 14 days before the hearing.

Date entered: _____

JUDGE SIGNATURE