

ILLINOIS STATUTORY SHORT FORM
APPOINTMENT OF SHORT-TERM GUARDIAN

[IT IS IMPORTANT TO READ THE FOLLOWING INSTRUCTIONS:

By properly completing this form, a parent or the guardian of the person of the child is appointing a guardian of a child of the parent (or a minor ward of the guardian, as the case may be) for a period of up to 365 days. A separate form should be completed for each child. The person appointed as the guardian must sign the form, but need not do so at the same time as the parent or parents or guardian.

This form may not be used to appoint a guardian if there is a guardian already appointed for the child, except that if a guardian of the person of the child has been appointed, that guardian may use this form to appoint a short-term guardian. Both living parents of a child may together appoint a guardian of the child, or the guardian of the person of the child may appoint a guardian of the child, for a period of up to 365 days through the use of this form. If the short-term guardian is appointed by both living parents of the child, the parents need not sign the form at the same time .]

1. Parent (or guardian) and Child. I, _____, currently residing at _____, am a parent (or guardian of the person) of the following child (or a child likely to be born):

Name: _____
(or "not yet born")

Birthdate: _____
(or expected birthdate)

2. Guardian. I hereby appoint the following person as the short term guardian for the child:

Name: _____
Address: _____

3. Effective Date. This appointment becomes effective: (check one if you wish it to be applicable):

_____ On the date that I state in writing that I am no longer either willing or able to make and carry out day-to day child care decisions concerning the child.

_____ On the date that a physician familiar with my condition certifies in writing that I am no longer willing or able to make and carry out day-to-day child care decisions concerning the child.

_____ On the date that I am admitted as an in-patient to a hospital or other health care institution.

_____ On the following date: _____.

_____ Other: _____

[Note: If this item is not completed, the appointment is effective immediately upon the date the form is signed and dated below.]

4. Termination. This appointment shall terminate 365 days after the effective date, unless it terminates sooner as determined by the event or date I have indicated below: (check one if you wish it to be applicable.)

_____ On the date that I stated in writing that I am willing and able to make and carry out day-to-day child care decisions concerning the child.

_____ On the date that a physician familiar with my condition certifies in writing that I am willing and able to make and carry out day-to-day child care decisions concerning the child.

_____ On the date that I am discharged from the hospital or other health care institution where I was admitted as an in-patient, which established the effective date.

_____ On the date which is _____ days (state a number of days, but no more than 365 days) after the effective date.

_____ Other: _____

[Note: If this item is not completed, the appointment will be effective for a period of 365 days, beginning on the effective date.]

5. Date and signature of appointing parent or guardian.

This appointment is made this _____ day of _____ 200_____
(day) (month) (year)

Signed: _____
(appointing parent or guardian)

6. Witnesses.

I saw the parent (or the guardian of the person of the child) sign this instrument or I saw the parent (or guardian of the person of the child) direct someone to sign this instrument for the parent (or the guardian). Then I signed this instrument as a witness in the presence of the parent (or the guardian). I am not appointed in this instrument to act as the short-term guardian for the child.

Witness: _____
(name)

(address)

Witness: _____
(name)

(address)

7. Acceptance of Short-Term Guardian. I accept this appointment as short-term guardian.

On this _____ day of _____, 20 _____.
(day) (month) (year)

Signed: _____
(short-term guardian)

8. Consent of Child's Other Parent. I, _____
_____, currently residing at _____,
hereby consent to this appointment.

On this _____ day of _____ 20 _____.
(day) (month) (year)

Signed: _____
(consenting parent)

[Note: The signature of a consenting parent is not necessary if one of the following applies:

- (i) the child's other parent has died; or
- (ii) the whereabouts of the child's other parent are not known; or
- (iii) the child's other parent is not willing or able to make and carry out day-to-day child care decisions concerning the child; or
- (iv) the child's parents were never married and no court has issued an order establishing parentage.]