

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS**

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 appointed 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 60 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 60 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 Children.** I, _____, currently
(Insert name of appointing parent or guardian)
residing at _____, am a parent (or the guardian of the person) of the
(Insert address of appointing parent or guardian)
following child or children (or of a child likely to be born):

Name

Date of Birth

(Or insert "not yet born" and enter the expected date of birth)

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

(Insert name and address of appointed person)

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 60 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 state 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 _____ (state a number of days, but no more than 60 days) days after the effective date.

Other _____

NOTE: If this item is not completed, the appointment will be effective for a period of sixty days, beginning on the effective date.

5. Date and signature of appointing parent or guardian. This appointment is made this _____ day of

_____, _____.

Signed: _____
Appointing Parent

6. Witnesses. I saw the parent (or the guardian of the person of the child) sign this instrument or I saw the parent (or the 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

Witness

Address

Address

7. Acceptance of short-term guardian. I accept this appointment as short-term guardian on this _____ day of

_____, _____.

Signed: _____
Short-Term Guardian

8. Consent of child's other parent. I _____ currently
(Insert name of the child's other living parent)

residing at _____ hereby consent to this appointment on
(Insert address of child's other living parent)

this _____ day of _____, _____.

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.