

APPOINTMENT OF SHORT-TERM GUARDIAN

(755 ILCS 5/11A-3.2)

IT IS IMPORTANT TO READ THE FOLLOWING INSTRUCTIONS: By properly completing this form, a guardian is appointing a short-term guardian of the disabled person for a cumulative total of up to 60 days during any 12 month period. A separate form shall be completed each time a short-term guardian takes over guardianship duties. The person or persons appointed as the short-term guardian shall sign the form, but need not do so at the same time as the guardian.

1. Guardian and Ward. I, _____ (insert name of appointing guardian), _____ currently residing at _____ (insert address of appointing guardian), am the guardian of the following disabled person: _____ (insert name of ward).
2. Short-term Guardian. I hereby appoint the following person as the short-term guardian for my ward: _____ (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 care decisions concerning my ward.
☐ 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 care decisions concerning my ward.
☐ On the date that I am admitted as an in-patient to a hospital or other health care institution.
☐ On the following date: _____ (insert date).
☐ Other: _____ (insert 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 on: _____
(enter a date corresponding to 60 days from the current date, less the number of days within the past 12 months that any short-term guardian has taken over guardianship duties),

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 care decisions concerning my ward.

(____) 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 care decisions concerning my ward.

(____) 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) days after the effective date.

(____) Other: _____ (insert other).

[NOTE: If this item is not completed, the appointment will be until the 60th day within the past year during which time any short-term guardian of this ward had taken over guardianship duties from the guardian, beginning on the effective date.]

5. Date and signature of appointing guardian. This appointment is made this ____
(insert day) day of _____, 20 ____ (insert month and year).

Signed: _____ (appointing guardian)

6. Witnesses. I saw the guardian sign this instrument or I saw the guardian direct someone to sign this instrument for the guardian. Then I signed this instrument as a witness in the presence of the guardian. I am not appointed in this instrument to act as the short-term guardian for the guardian's ward. (insert space for names, addresses, and signatures of 2 witnesses)

Witness Signature: _____

Witness Name: _____

Address: _____

Witness Signature: _____

Witness Name: _____

Address: _____

7. Acceptance of short-term guardian. I accept this appointment as short-term guardian on this _____(insert day) day of _____, 20 _____ (insert month and year).

Signed: _____ (short term guardian)