

**APPLICATION FOR COURT-APPOINTED
GUARDIANS AD LITEM OR ATTORNEYS LIST
(In Guardianship Matters Concerning Alleged Disabled Persons)
16th Judicial Circuit, Kane County**

Name: _____ Profession/Title: _____

Address: _____

City, State, ZIP: _____ Licensure/ Reg. #: _____

Phone: _____ Fax: _____ Email: _____

Please complete and submit this Application form for approval by the Probate judge and/or the Presiding Judge of the Civil Division. The information requested is required by Kane County Local Rule 8.13 for placement on the list for court appointment in probate guardianship matters pursuant to the Probate Act and the aforesaid Local Rules.

1. I have worked with or advocated for developmentally disabled, mentally ill, physically disabled, the elderly, or persons disabled because of mental deterioration. Yes No

2. I have attended a Guardian ad Litem training program or the equivalent which meets the qualifications of 755 ILCS 5/11a-10a and/or Kane County Local Rule 8.13? Yes No
(Please attach a copy of the certificate of completion.)

3. I currently have professional liability insurance coverage in effect. Yes No **(Please attach a copy of the face sheet of your policy.)**

4. I have completed the following continuing education courses within the past 2 years, covering the following topics related to prospective duties as a Guardian ad Litem: (use additional sheets if needed)

Course	Date	CLE Hours
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_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Please provide copies of the following documents (if applicable): certification of attendance at relevant training courses, copies of all applicable state, agency or association licenses or certifications.

6. I understand that as a condition of being on the list for the 16th Judicial Circuit, I may be required to accept one (1) *pro bono* appointment annually.

Signature of Applicant

Date

APPROVED: _____
Presiding Judge/Civil Div. or Probate