

OATH OF OFFICE AND BOND FOR GUARDIAN OF THE ESTATE OF AN ADULT WITH DISABILITY.
Please read carefully and place initials to the left of each section.

Acknowledgment of Duties:

By accepting this office, I understand I must abide by the duties and responsibilities required by law and set forth in the Illinois Probate Act at 755 ILCS 5/11a. this includes the following:

I understand I am under a duty to annually account to this court for all expenditures and income of the adult with disability. I understand that if I fail an Annual Account, this Court may, at its discretion, remove me as Guardian, sanction me, and/or sentence me to a period in jail for contempt of court.

I understand I may not co-mingle the adult with disability's assets or income with my own, which means that I may not mix any of my own money or assets with those belonging to the adult with disability.

I understand I may not sell loan or give away any of the personal property, belongings or real property belonging to the adult with disability without specific order of this court.

I understand I may not pay or compensate myself for services provided to the adult with disability without specific order of court.

I understand I may not change beneficiaries on the bank accounts, life insurance policies, retirement accounts, trusts, or Official Will of the adult with disability without specific order of court

I understand I am responsible for applying for any government assistance on behalf of the adult with disability, if needed.

I understand I must apply to the Social Security Administration, Veteran's Administration or any other pension provider to be able to sign and receive income of the adult with disability. The provider may require additional information and accountings of any monies I may receive for the adult with disability from said provider.

I understand I am responsible for the filing of any federal, state or local tax returns required of the adult with disability.

I understand I must ensure that any **premiums on a surety bond required in this matter be paid on a timely and regular basis and that the amount of the bond is always more than 1 ½ X the value of the personal estate.**

I understand I must appear on behalf of the adult with disability in any legal proceeding regarding the adult with disability but that I may not initiate a proceeding for dissolution of marriage or enter into a criminal plea agreement on behalf of the adult with a disability without an order of court.

I understand I must report any change of my address and/or the adult with disability's address to the Court within thirty (30) days of said change of address.

Principle Name (Print): _____ Date: _____

Principle Signature: _____