

IN THE CIRCUIT COURT OF THE FOURTEENTH JUDICIAL CIRCUIT
ROCK ISLAND COUNTY, ILLINOIS

PROBATE STANDING ORDER 1
OF CLARENCE M. DARROW

Effective immediately, all proposed guardians of the person and/or the estate of an adult with a disability and of a minor child shall complete, sign and file a Guardian Information Sheet. The Office of State Guardian and the Guardian of the Person and Estate for Rock Island County shall be exempt from the filing requirement. The completed and signed Guardian Information Sheet shall be filed at the same time as the filing of the Petition for Guardianship.

Because the Information Sheet contains personal identifiable information, the Guardian Information Sheet shall be impounded with the Circuit Clerk. Access to the Guardian Information Sheet shall be limited to the Court and the guardian ad litem for the respondent unless otherwise directed by court order.

Each proposed guardian shall be required to complete and sign a separate information sheet.

No Letters of Office shall issue until the Guardian Information Sheet has been filed.

The Court may require the filing of a Guardian Information Sheet for guardians appointed pursuant to petitions filed prior to effective date of this Standing Order.

A copy of the Guardian Information Sheet is attached hereto and incorporated herein by reference.

Entered: June 3, 2025



Clarence M. Darrow
Circuit Judge

IN THE CIRCUIT COURT OF THE FOURTEENTH JUDICIAL CIRCUIT
COUNTY OF ROCK ISLAND AND STATE OF ILLINOIS

In Re: the Interest of: _____)
_____,) Case No. _____
Respondent.)

PROPOSED GUARDIAN INFORMATION SHEET

TO BE IMPOUNDED WHEN FILED

Pursuant to 735 ILCS 5/1-109 of the Illinois Code of Civil Procedure, I, the undersigned, certify and verify under penalty of perjury, that all of the information set forth below is true and correct.

Proposed Guardian's Full Name: _____

Current Address: _____

Phone Number: (_____) (home/cell/work) _____ (home/cell/work)
(circle one) (circle one)

Email: _____

Date of Birth: _____ Last four digits of Social Security Number: XXX-XX-_____

Employer Name: _____

Employer Address: _____

Employer Phone: (_____) _____

Relationship to Respondent: _____

1. Have you ever been convicted of a felony? [] Yes [] No
If yes, provide details including jurisdiction, case number, date, offense, etc.

2. Have you or any household member ever been found guilty of abuse or neglect by the Illinois Department of Family Services (DCFS) or similar agency? [] Yes [] No
If yes, provide details including the agency, case number, individual, date, offense, etc.

3. Have you ever been adjudged a person with a disability? [] Yes [] No
If yes, provide details including the jurisdiction, case number, date, etc.

4. A. Have you or any household member ever been convicted of a felony involving harm or threat of harm to a minor or an elderly or disabled person including a felony sexual offense? [] Yes [] No
If yes, provide details including the individual convicted, the jurisdiction, date, case number, offense, etc.

B. Have you or any household member ever been convicted of any crime involving the neglect or exploitation of an elderly or disabled person? [] Yes [] No
If yes, provide details including the individual convicted, the jurisdiction, date, case number, offense, etc.

5. Do you currently serve as guardian for any other individual? [] Yes [] No
If yes, how many? _____ Please provide details.

Date: _____

Signature of Proposed Guardian

Each proposed guardian must complete and sign a separate information sheet.