

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

**IN THE MATTER OF**

\_\_\_\_\_ )  
Disabled Person ) Case No. \_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )

**PETITION TO RESTORE DISABLED PERSON AND REVOKE GUARDIANSHIP**

\_\_\_\_\_, on oath states:

1. On \_\_\_\_\_, 20\_\_\_\_\_, I was adjudged a Disabled Person by Order of the Circuit Court of the Fourteenth Judicial Circuit, Rock Island County, Illinois.
2. On \_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_ was appointed Guardian of my \_\_\_\_\_  
(Estate/person/estate and person)  
by this court.
3. I am capable of managing my person and estate and am not disabled.

I ask that:

- a. I be adjudged not a Disabled person as defined in Article XIA of the Probate Act:
- b. The Letters of Guardianship be revoked:
- c. The Guardian be ordered to file a final account and deliver the estate to me.

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
\_\_\_\_\_  
Petitioner  
\_\_\_\_\_  
Notary Public

Name \_\_\_\_\_  
Attorney for \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Telephone \_\_\_\_\_  
Facsimile Telephone \_\_\_\_\_