

**CIRCUIT COURT OF THE 14TH JUDICIAL CIRCUIT
ROCK ISLAND COUNTY, ILLINOIS**

IN THE MATTER OF

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Disabled Person

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 _____ 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.

Petitioner

Signed and sworn to before me
_____, 20_____

Notary Public

Name _____

Attorney for _____

Address _____

City _____

Telephone _____