

DIDOMENICO AGENCY

**Application and Acknowledgement of Duties
for All Guardianship Estates Including Minor Estates**

(Initials of Guardian by each statement then Sign and Return)

Acknowledgment of Duties:

By accepting this Office, I understand that I must abide by the duties and responsibilities required by law and set forth in the Illinois Probate Act at 755 ILCS 5/11a, which specifically include the following:

INITIAL EACH:

_____ I understand that 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 to file 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 that I may not comingle 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 that 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 that I must only make expenditures of money belonging to the adult with disability for the benefit of the adult with disability pursuant to Order of this Court.

_____ I understand that I may not pay or compensate myself for services provided to the adult with disability without specific Order of this Court.

_____ I understand that I may not change beneficiaries on the bank accounts, life insurance policies, retirement accounts, trusts, or Will of the adult with disability without specific Order of this Court.

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

_____ I understand that 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. I understand that the Social Security Administration, Veteran's Administration or any other pension provider may require additional information and accountings of any monies I may receive for the adult with disability from them.

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

_____ I understand that I must ensure that any premium 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 1½ times the value of the personal estate.

_____ I understand that 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 this Court.

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

Principle Name (Print): _____

Date: _____

Principle Signature: _____