APPLICATION FOR COURT-APPOINTED GUARDIANS AD LITEM OR ATTORNEYS LIST

(In Guardianship Matters Concerning Alleged Disabled Persons)
16th Judicial Circuit, Kane County

Name:		Firm Name:
		Atty. Reg. #:
		Email:
Presiding Judge of	the Civil Division ment on the list fo	lication form for approval by the Probate judge and/or the . The information requested is required by Kane County Local or court appointment in probate guardianship matters pursuant to cal Rules.
years, in good standi current MCLE require	ing with the Illinorements. Yes	ce in the State of Illinois. I am, and have been for at least 3 is Supreme Court, including completion of all applicable \square No \square N/A our ARDC Attorney's card.)
□ No □ Yes, St	uspended or Revo	spended or revoked, in any jurisdiction, as follows: ked \subseteq N/A (If you have been subject to suspension or ed statement of the facts and circumstances, and the disposition.)
	rofessional liability copy of the face sh	insurance coverage in effect? □ Yes □ No □ N/A set of your policy.)
4. I have attended a	a Guardian ad Liten	training program or the equivalent which meets the qualifications of 75
ILCS 5/11a-10a and/or	Kane County Loca	Rule 8.13? □ Yes □ No
·	copy of the certific	
-	-	uing legal education courses within the past 2 years, covering the es as a Guardian ad Litem: □ N/A
Course	i to prospective dut	Date CLE Hours
6. I understand that as (1) pro bono appointment		g on the list for the 16 th Judicial Circuit, I may be required to accept one
Signature of Applican	t	Date
APPROVED:		
Presiding Judge/Civi	l Div. or Probate	Date