

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
LAKE COUNTY, ILLINOIS

Application for Probate Guardian Ad Litem

1. Name: _____
2. I am:
- ☐ Filling out a new application ☐ Renewing my application
3. I would like to be placed on the Court's list of approved guardians *ad litem* for the following types of cases (*check all that apply*):
- ☐ Minors in Guardianship ☐ Disabled adults in Guardianship
☐ Advocate for disabled adults ☐ Minor/Disabled beneficiaries
☐ Minors/Disabled in P.I.(Wrongful death settlements, Personal injury settlements, etc.)
4. Contact Information for Probate Guardian Ad Litem List
- Office Mailing Address: _____
- Office City and Zip: _____
- Office Phone: _____
- Email: _____
- Town or City of Residence: _____
5. Are you willing to take cases in all Lake County communities? ☐ Yes ☐ No
6. **Training.** List training you have received in the past two years in the areas of elder care; elder abuse; individuals with developmental disabilities; mental illness; roles of guardian ad litem; ethics in guardianship and probate cases; relevant substantive state and Federal case law regarding persons with disabilities, and family dynamics including substance abuse, domestic abuse and mental health issues. Please include names, location of training, dates of training, hours completed, date completed, instructor(s) and type of certification received (*if any; please explain on a separate sheet if needed*).

7. Member in good standing with the Illinois Bar? ☐ Yes ☐ No

8. Date admitted to the Illinois Bar: _____

9. Years of practice in Illinois: _____

10. If you or someone in your office speak additional languages, please state below:

11. For the past _____ years, a majority of my practice has been in the area of adult guardianships, minor guardianships and/or estate administration.

12. I ☐ have ☐ have not been subject to any disciplinary action by the ARDC beyond a letter of complaint. *(If you have, please explain on a separate sheet.)*

13. I ☐ have ☐ have not been held in contempt of court by any court. *(If you have, please explain on a separate sheet.)*

14. I ☐ have ☐ have not completed 7.0 hours of continuing legal education courses in the areas of practice required by local rule in the past two years. *(Attach at least 7.0 CLE credits if you are renewing)(Not applicable if first-time applicant – attach the GAL training CLE's)*

15. **Renewal.** I understand that I must renew my certification every two years.

16. **Fees.** I understand that

- a) fees awarded are in the discretion of the Court, and
- b) I may occasionally be appointed in cases involving indigents and agree to provide my legal services at a reduced fee or pro bono if such an appointment occurs, and
- c) If a fee waiver or partial fee waiver is granted in a matter to which I am appointed, that fees would be waived in the case of a waiver or proportionate in the case of a partial waiver, and
- d) the Court currently authorizes a maximum hourly rate of \$300 per hour.

17. **Malpractice Insurance.** I certify that I am currently covered by professional liability insurance which would cover any and all claims against me arising out of my legal services as a guardian *ad litem*. I agree to maintain such coverage as long as I remain on the appointment list. *(Attach Insurance Declaration)*

I respectfully request that the Court review my application, and if I am found to be qualified and eligible under the applicable local Rule; that I be placed on the Court's list of approved Probate guardians *ad litem*.

Dated _____

Signature of Applicant

Verification by Certification

I, the undersigned, certify that I have completed the application for Probate Guardian Ad Litem, and have knowledge of the contents thereof, including the Exhibits attached thereto, and under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this application are true and correct.

Dated _____

Signature of Applicant

CONSENT FOR BACKGROUND CHECK

The Nineteenth Judicial Circuit Court has my consent to conduct a criminal record check as a requirement of my Application for the Probate Guardian Ad Litem List.

Name (Please Print): _____

Maiden Name (If Applicable): _____

Date of Birth (mm/dd/yyyy): _____

Gender: _____

Signature: _____ Date: _____

WAIVER, RELEASE AND INDEMNIFICATION OF CLAIMS

WHEREAS, the Nineteenth Judicial Circuit has agreed to accept individuals as members of the Guardian Ad Litem Referral List for the purposes of providing legal services in guardianship cases referred by the Probate Court;

WHEREAS, I have been accepted by the Nineteenth Judicial Circuit as a member of the Guardian Ad Litem List;

WHEREAS, I, as a Guardian Ad Litem, am required to participate in assignments as directed by the Nineteenth Judicial Circuit;

NOW THEREFORE, the undersigned, in consideration for acceptance by the Nineteenth Judicial Circuit as a Member of the Guardian Ad Litem List, do release and waive any and all claims or demands of any nature whatsoever, which I have now or may in the future acquire, against the Nineteenth Judicial Circuit Court together with the officers, agents and employees of the Nineteenth Judicial Circuit, resulting from my services as Guardian Ad Litem.

I further covenant and agree, in consideration of my placement and acceptance as a Member of the Guardian Ad Litem List, to indemnify and hold harmless said Nineteenth Judicial Circuit Court, their officers, Agency and employees from any liability, which may be incurred by them, or any of them, proximately resulting from and acts by me during such Guardian Ad Litem List appointments.

I further represent that I understand all risks involved and agree that this waiver, release and indemnification of claims shall be binding upon my heirs, executors, and administrators.

Signature: _____ Date: _____