

IN THE MATTER OF

Amended

Name _____

Date of Birth _____

**Order for
Appointment of Successor
Guardian of the Person
(Without Hearing)**

Case No. _____

A Petition for Appointment of Successor Guardian of the Person (Without Hearing) was filed and a hearing was held. After consideration of the reports and other documents on file, all factors required by the statutes, and such additional information presented;

THE COURT FINDS:

1. The current guardian of the person [Name] _____ is no longer able to serve as guardian of the person due to resignation. death. removal by the court.
2. The person nominated as successor guardian of the person:
 Name _____
 Address _____
 Phone Number _____
 filed a sworn and notarized Statement of Acts by Proposed Guardian and Consent to Serve and is a competent and suitable person to serve as successor guardian of the person.

THE COURT ORDERS:

1. The resignation of guardian of the person is accepted.
 The appointment of the current guardian of the person is terminated due to removal by the court. death.
2. The following person is appointed successor guardian of the person [Name] _____.
3. The successor guardian of the person is authorized to exercise powers as previously authorized or modified for this ward. See attached Determination and Order dated _____.
4. The successor guardian of the person shall provide notice to the ward and all interested persons of the appointment, the right to counsel and the right to petition for reconsideration of the successor guardian of the person and **serve notice personally or by mail not later than 10 days** after the appointment. An Affidavit of Service of the notice must be filed with the court.

THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL IF SIGNED BY A CIRCUIT COURT JUDGE.

BY THE COURT:

Circuit Court Judge/Circuit Court Commissioner

Print or Type Name if not eSigned

Date

DISTRIBUTION:

1. Court
2. Ward/Ward's Legal Counsel, if any/Guardian ad litem
3. Guardian/Ward's Agent under a Power of Attorney
4. Corporation Counsel
5. Social worker/ County Dept. of Human Services
6. Spouse/Adult Children/Parent of Minor
7. Facility, if any
8. Other: _____