

**APPOINTMENT OF SHORT-TERM GUARDIAN  
FOR**

---

**IT IS IMPORTANT TO READ THE FOLLOWING INSTRUCTIONS:**

*By properly completing this form, a parent is appointing a guardian of a child of the parent for a period of up to 365 days.*

*A separate form should be completed for each child.*

*The person appointed as the guardian must sign the form, but need not do so at the same time as the parent or parents.*

*This form may not be used to appoint a guardian if there is a guardian already appointed for the child.*

*Both living parents of a child may together appoint a guardian of the child for a period of up to 365 days through the use of this form. The parents need not sign the form at the same time.*

1. Parent and Child. We, \_\_\_\_\_ and \_\_\_\_\_, currently residing at \_\_\_\_\_, \_\_\_\_\_, Illinois, are the parents of the following child:

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

2. Guardian(s). Pursuant to 755 ILCS 5/11-5.4, we hereby appoint the following person(s) as the short-term guardian(s) for our child:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

3. Effective Date. This appointment becomes effective on the following date: \_\_\_\_\_, \_\_\_\_\_.

[Note: If this section is not completed, the appointment is effective immediately upon the date the form is signed and dated below.]

4. Termination. This appointment shall terminate on the following date:

\_\_\_\_\_, \_\_\_\_\_.

[Note: If this section is not completed, the appointment will be effective for a period of 365 days, beginning on the effective date.]

5. Date and Signatures of Appointing Parents.

Date: \_\_\_\_\_ (month, day, year)                      \_\_\_\_\_ (month, day, year)

Signed: \_\_\_\_\_ (father)                      \_\_\_\_\_ (mother)

6. Witness. I saw the parents sign this instrument or saw the parents direct someone to sign this instrument for the parents. Then I signed this instrument as a witness in the presence of the parents. I am not appointed in this instrument to act as the short-term guardian for the parents' child.

Witness Name: \_\_\_\_\_

Witness Address: \_\_\_\_\_

\_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Address: \_\_\_\_\_

\_\_\_\_\_

7. Acceptance of Short-Term Guardian(s). I(We) accept this appointment as short-term guardian(s).

Date: \_\_\_\_\_ (month, day, year)                      \_\_\_\_\_ (month, day, year)

Signed: \_\_\_\_\_ (short-term guardian)                      \_\_\_\_\_ (short-term guardian)