## ILLINOIS STATUTORY SHORT FORM APPOINTMENT OF SHORT-TERM GUARDIAN

1.	Parents and Ch	ild. I,		_, currently residing at	
	am a parent of the following child:				
	Name:				
	Birthdate:				
2.	Guardian. We hereby appoint the following person as the short-term guardian for the child:				
3.	Effective Date.	This appointment be	ecomes effective on	, 20	
4.	Termination. This appointment shall terminate days after the effective date or, if earlier, on the date that either parent specifies in writing that this appointment is terminated.				
5.	Signature of Appointing Parent.				
	This appointmer	nt is made this day o	f, 2	20	
	Signed:				
		Appointing	p Parent		
6.	<b>Witnesses.</b> I saw the parents of the child sign this instrument. 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 child.				
	Witnesses:				
	Name: Address:				
	Address.				
	Mana				
	Name: Address:				
7.	Acceptance of Short-Term Guardian. I accept this appointment as short-term guardian.				
	On this	_day of	, 20	-	
	Signed:				
8.					
	residing at			, hereby consent to this appointment.	
	On this	_day of	, 20		
	Signed:		- David		
	-	Consenting	g Parent	<del></del>	