

Sec. 11a-3.2. **Short-term guardian**

(a) The guardian of a disabled person may appoint in writing, without court approval, a short-term guardian of the disabled person to take over the guardian's duties, to the extent provided in Section 11a-18.3, each time the guardian is unavailable or unable to carry out those duties. The guardian shall consult with the disabled person to determine the disabled person's preference concerning the person to be appointed as short-term guardian and the guardian shall give due consideration to the disabled person's preference in choosing a short-term guardian.

The written instrument appointing a short-term guardian shall be dated and shall identify the appointing guardian, the disabled person, the person appointed to be the short-term guardian and the termination date of the appointment. The written instrument shall be signed by, or at the direction of, the appointing guardian in the presence of at least 2 credible witnesses at least 18 years of age, neither of whom is the person appointed as the short-term guardian.

The person appointed as the short-term guardian shall also sign the written instrument, but need not sign at the same time as the appointing guardian. A guardian may not appoint the Office of State Guardian or a public guardian as a short-term guardian, without the written consent of the State Guardian or public guardian or an authorized representative of the State Guardian or public guardian.

(b) The appointment of the short-term guardian is effective immediately upon the date the written instrument is executed, unless the written instrument provides for the appointment to become effective upon a later specified date or event.

A short-term guardian appointed by the guardian shall have authority to act as guardian of the disabled person for a cumulative total of 60 days during any 12 month period.

Only one written instrument appointing a short-term guardian may be in force at any given time. (c) Every appointment of a short-term guardian may be amended or revoked by the appointing guardian at any time and in any manner communicated to the short-term guardian or to any other person.

Any person other than the short-term guardian to whom a revocation or amendment is communicated or delivered shall make all reasonable efforts to inform the short-term guardian of that fact as promptly as possible.

(d) The appointment of a short-term guardian or successor short-term guardian does not affect the rights in the disabled person of any guardian other than the appointing guardian.

(e) The written instrument appointing a short-term guardian may, but need not, be in the following form (*attached*):

(f) Each time the guardian appoints a short-term guardian , the guardian shall:

(i) provide the disabled person with the name, address, and telephone number of the short-term guardian ;

(ii) advise the disabled person that he has the right to object to the appointment of the short-term guardian by filing a petition in court; and (iii) notify the disabled person when the short-term guardian will be taking over guardianship duties and the length of time that the short-term guardian will be acting as guardian.

APPOINTMENT OF SHORT-TERM GUARDIAN

(IT IS IMPORTANT TO READ THE FOLLOWING INSTRUCTIONS:)

By properly completing this form, a guardian is appointing a **short-term guardian** of the disabled person for a cumulative total of **up to 60 days** during any 12 month period. A separate form shall be completed each time a **short-term guardian** takes over guardianship duties. The person or persons appointed as the **short-term** shall sign the form, but need not do so at the same time as the guardian.

1. Guardian and Ward.

I, _____(insert name of appointing guardian),

currently residing at _____(insert address),

am the guardian of the following disabled person: _____(insert name of ward).

2. Short-term guardian.

I hereby appoint the following person as the **short-term guardian** for my ward:

_____(insert name and address of appointed person).

3. Effective date.

This appointment becomes effective: (check one if you wish it to be applicable)

() On the date that I state in writing that I am no longer either willing or able to make and carry out day-to-day care decisions concerning my ward.

() On the date that a physician familiar with my condition certifies in writing that I am no longer willing or able to make and carry out day-to-day care decisions concerning my ward.

() On the date that I am admitted as an in-patient to a hospital or other health care institution.

() On the following date: _____(insert date).

() Other: _____(insert other).

NOTE: If this item 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: _____ (enter a date corresponding to 60 days from the current date, less the number of days within the past 12 months that any **short-term guardian** has taken over guardianship duties), unless it terminates sooner as determined by the event or date I have indicated below:

(check one if you wish it to be applicable)

On the date that I state in writing that I am willing and able to make and carry out day-to-day care decisions concerning my ward.

On the date that a physician familiar with my condition certifies in writing that I am willing and able to make and carry out day-to-day care decisions concerning my ward.

On the date that I am discharged from the hospital or other health care institution where I was admitted as an inpatient, which established the effective date.

On the date which is _____ (state a number of days) days after the effective date.

Other: _____ (insert other).

NOTE: If this item is not completed, the appointment will be effective until the 60th day within the past year during which time any **short-term guardian** of this ward had taken over guardianship duties from the guardian, beginning on the effective date.

5. Date and signature of appointing guardian.

This appointment is made this _____ (insert day) day of _____ (insert month and year).

Signed: _____ (appointing guardian)

6. Witnesses.

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

(insert names, addresses, and signatures of 2 witnesses)

7. Acceptance of short-term guardian.

I accept this appointment as **short-term guardian** on this _____ (insert day) day of _____ (insert month and year).

Signed: _____
(short-term guardian)

