

**IN THE CIRCUIT COURT OF THE TWENTY-THIRD JUDICIAL CIRCUIT
KENDALL COUNTY, ILLINOIS**

ESTATE OF:

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A Disabled Person

Case Number

REPORT OF THE GUARDIAN OF THE PERSON

PERIOD FROM: _____, 20____ To: _____, 20____
Month Day Last Year Month Day Current Year

Ward's current age: _____ Guardian's relationship to ward: _____

1). **Ward's present living arrangement:**

Home or Facility: _____

Ward's Address: _____
Street City State Zip Code

2). **Medical:**

Ward's Disability: _____

Doctor's Name: _____

Date of Last Medical Exam: _____

Date of Last Dental Exam: _____

3). **Guardian's Visits and Ward's Activities:**

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4). **Educational, Vocational and Professionals Services Provided:**

If the disabled person is in a facility, include a copy of any applicable reports from the facility.

Attach a copy of the representative payee report, if applicable.

Guardian shall redact any and all personal information, such as, Social Security numbers, account numbers and medical record numbers.

I am the duly appointed and acting Guardian of the Person of _____, and I attest that the above information is true and correct, dated this _____ day of _____, 20_____.

(Guardian Signature)

Guardian Information:

Guardian: _____

Address: _____

Phone: _____

Email: _____

Guardian must provide Court notice in writing of disabled persons and/or guardian's change of address and phone within 14 days of change.

THE ANNUAL REPORT SHOULD BE ELECTRONICALLY FILED 14 DAYS PRIOR TO THE COURT DATE:
<https://illinois.tylerhost.net>