

**IN THE CIRCUIT COURT
FOR THE THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS**

\$25.00 Fee

IN RE THE ESTATE OF _____,)
)
)
) CASE # _____
)
 Disabled Person/Minor)
)
)

REPORT OF GUARDIAN / ANNUAL REPORT

Now comes _____, the Guardian of the Person and Estate of _____, and for his/her annual report to this Court states:

1. An Order was entered on _____, 20____, finding _____, to be a disabled adult/minor, and appointing the undersigned Guardian of his/her person and/or estate.

2. This is the _____ (first, etc.) Annual Report to the Court.

3. The disabled adult/minor's current mental, physical and social condition is:

4. The disabled adult/minor does/does not have (circle one) children or dependents.

5. The disabled adult/minor's present living arrangements and current address is:

6. The following is a summary of the medical, educational, vocational and other professional services provided to the disabled adult/minor during the past year:

7. The disabled adult/minor's annual income for the past year is _____ and is from the following sources:

- a. Social Security benefits in the amount of _____;
- b. Personal earnings in the amount of _____;
- c. Other in the amount of _____.

8. That from the disabled adult/minor's income, the following has been paid:

- a. Routine living expenses for food, shelter, utilities and transportation in the amount of _____;
- b. Medical bills in the amount of _____;
- c. Educational bills in the amount of _____;
- d. Personal funds expended by _____ in the amount of _____; and _____;

e. The disabled adult/minor's income for the year has been sufficient/insufficient (circle one) to cover all needs. Any remaining expenses have been paid by

_____ (Guardian, or other source).

9. The disabled adult/minor has medical coverage through _____
_____.

10. It is in the disabled adult/minor's best interest that this Guardianship continues.

11. Other information that might be useful to the Court is:

A.) Disabled adult/minor receives governmental benefits and the disabled adult/minor's payee for those benefits is _____.

B.) Records regarding the disabled adult/minor's income from pensions, savings, or investments. (Copies of records attached).

C.) Records regarding employment income, if the disabled adult/minor is employed. (Copies of records attached).

D.) Other: _____

Dated: _____

GUARDIAN

ADDRESS & PHONE NUMBER

Subscribed and Sworn to me this _____ day of _____, 20_____.

Notary Public