## IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT WILL COUNTY, ILLINOIS – IN PROBATE

## IN RE THE ESTATE OF

|                        | CASE NO: |
|------------------------|----------|
| Name of disabled adult |          |

## Respondent, A Disabled Adult

## GUARDIAN OF PERSON'S ANNUAL/TRI-ANNUAL REPORT ON WARD

| 1. | The last report to the court was made on   | , 20                       |  |
|----|--|----------------------------|--|
| 2. | Age of ward: Mo  | ental condition:           |  |
|    | Physical condition:  |                            |  |
|    | Social condition:  |                            |  |
| 3. | Present living arrangement of the ward:  |                            |  |
|    | Address:   | Length of Stay:            |  |
|    | Other residences since last report:  |                            |  |
|    | Address:   | Length of Stay:            |  |
|    |  |                            |  |
| 4. | Medical, educational, vocational, and other professional services given to ward by others: |                            |  |
|    | Diagnoses:   |                            |  |
|    | Physician:   | Date of last medical exam: |  |

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

| 5.       | The Guardian's visit with and activities on behalf of the ward:                                       |  |
|----------|---|--|
| ,        | Visits by guardian:   |  |
|          | Staffings/reviews attended:   |  |
| 6        | Appropriateness of placement:   |  |
|          |   |  |
| 7.       | . The guardian does/does not recommend that the guardianship continue.                                |  |
| 8.       | Other information considered useful in the opinion of the guardian:                                   |  |
|          |   |  |
|          |   |  |
|          | (Signature of Guardian)   |  |
|          |   |  |
|          | Address of Guardian:  |  |
|          |   |  |
|          | Guardian of   |  |
|          | Name of disabled adult  |  |
|          | CERTIFICATION   |  |
| I affi   | rm under penalty of perjury that I have read the foregoing document, that I know the contents thereof |  |
| d that t | the same are true and correct to the best of my knowledge and belief.                                 |  |
|          |   |  |
| D        | (Signature of Guardian)   |  |
| Prepare  |   |  |
|          | ey  |  |
|          | #   |  |
|          | #<br>SS   |  |
|          | ad Zip  |  |
| City an  | ······································  |  |