

**IN THE CIRCUIT COURT FOR THE TWENTY-THIRD  
JUDICIAL CIRCUIT  
DEKALB COUNTY, ILLINOIS  
PROBATE DIVISION**

Estate of \_\_\_\_\_ ) Case No. \_\_\_\_\_  
 )  
 )  
 \_\_\_\_\_ )  
 A Disabled person )

**ANNUAL REPORT ON WARD**

Pursuant to Article 11a Section 17(b) of the Probate Act of 1975, as amended, \_\_\_\_\_,  
 (Guardian's Name)  
 Guardian of the \_\_\_\_\_ of the above-named Ward, submits its annual report  
 (person, estate, or both)  
 as follows:

1. Age: \_\_\_\_\_ Mental Condition: \_\_\_\_\_  
 Physical Condition: \_\_\_\_\_  
 Social Condition: \_\_\_\_\_
2.  The Ward has no minor or adult dependent children.  
 The Ward has minor or adult dependent children.
3. The Ward's current living arrangements, including the place of residence, and Guardian's opinion as to the appropriateness of those arrangements: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The Ward's other places of residence since the last report and the length of stay at each place:

| <u>Address of Other Place of Residence</u> | <u>Length of Stay</u> |
|--|-----------------------|
| _____                                      | _____                 |
| _____                                      | _____                 |
| _____                                      | _____                 |
| _____                                      | _____                 |

4. Medical, educational, vocational, and other professional services given to the Ward (and his/her children) by others:  
 Diagnosis: \_\_\_\_\_  
 Monitored by: \_\_\_\_\_ Current Weight: \_\_\_\_\_  
 Medications: \_\_\_\_\_ Diet: \_\_\_\_\_  
 Facility provides educational/vocational/social/PT-OT speech services as needed. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Guardian's activities on behalf of Ward (and his/her children)

A summary of the Guardian's visits with and activities on behalf of the Ward:

| <u>Dates</u> | <u>Description</u> |
|--------------|--------------------|
| _____        | _____              |
| _____        | _____              |
| _____        | _____              |
| _____        | _____              |

6. Appropriateness of placement: \_\_\_\_\_

7. Recommendation as to the need for continued guardianship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Other Information considered useful in the opinion of the guardian: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Signed by: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

E-mail: \_\_\_\_\_