

**IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT
KANE COUNTY, ILLINOIS**

Case No. _____

IN THE MATTER OF THE ESTATE OF
DISABLED PERSON OR MINOR:

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____

Name of Guardian: _____

File Stamp

REPORT OF GUARDIAN OF THE PERSON

PERIOD OF TIME COVERED BY THIS REPORT: _____ to _____

CURRENT AGE OF DISABLED PERSON OR MINOR: _____

1. The current mental, physical and social condition for the disabled person or minor.

2. The present living arrangement of disabled person or minor. If the disabled person or minor has moved, include brief description and address of the new residence.

3. A summary of medical, educational, vocational, and other professional services given to the disabled person or minor.

4. Guardian's visits and activities on behalf of disabled person or minor.

5. Recommendation for continued Guardianship.

6. Any other information you believe would be helpful to the Court.

Date: _____

Guardian's Signature: _____

Relationship to Ward: _____

Address: _____
Street/P.O. Box

(City, State, Zip Code)

Check here if you have moved