

GUARDIANSHIP OF

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Adult With Disability

Case No. _____

ANNUAL REPORT ON ADULT WITH DISABILITY

Now comes the Guardian of the person named in the caption hereto, under penalties of perjury as provided under Section 1-109 of the Code of Civil Procedure, stating:

1. An Order was entered on _____, finding said person to be an adult with disability, and appointing the undersigned Guardian of the person;
2. The last Annual Report to the Court was made on _____.
3. The adult with disability's current mental, physical and social condition is: _____

4. The adult with disability has no minor or adult dependent children.
 The adult with disability has minor or adult dependent children.
5. The adult with disability's present living arrangement, a description and address of every residence where the adult with disability lived during the reporting period and length of stay at each place is:

6. A summary of the medical, educational, vocational and other professional services given the adult with disability is:

7. A summary of the guardian's visits with and activities on behalf of the adult with disability is: _____

8. The undersigned guardian recommends continued guardianship.
 The undersigned guardian does not recommend continued guardianship.
9. Other information which may be useful to the Court is: _____

All which is respectfully submitted. Date: _____, 20____.

Prepared by:

Name: _____ SRL

Signature of Guardian

Address: _____

Guardian's Address

City: _____ State: _____

Phone: _____ Zip Code: _____

City, State and Zip Code

ARDC #: _____

E-mail address: _____