

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

IN RE THE ESTATE OF

Name of disabled adult

CASE NO: _____

Respondent, A Disabled Adult

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

Pursuant §11a-17(b) of the Probate Act of 1975, _____, as
Name of Guardian of person
plenary guardian of the person of the above-named ward, submits this report as follows:

1. The last report to the court was made on _____, 20_____.

2. Age of ward: _____ Mental 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: _____

Education/Vocational/Professional services for ward: _____

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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.
(Circle one)

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 affirm under penalty of perjury that I have read the foregoing document, that I know the contents thereof, and that the same are true and correct to the best of my knowledge and belief.

(Signature of Guardian)

Prepared By:

Attorney _____

Firm _____

ARDC# _____

Address _____

City and Zip _____

Telephone _____

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