

GUARDIANSHIP OF

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)  
)  
)

\_\_\_\_\_

A disabled person

Gen No. \_\_\_\_\_

**ANNUAL REPORT ON WARD**

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 a disabled adult, and appointing the undersigned Guardian of the person;
2. The last Annual Report to the Court was made on \_\_\_\_\_.
3. The ward's current mental, physical and social condition is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4.  The ward has no minor or adult dependent children.  
 The ward has minor or adult dependent children.
5. The ward's present living arrangement, a description and address of every residence where the ward 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 ward is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. A summary of the guardians visits with and activities on behalf of the ward 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: \_\_\_\_\_ Pro Se

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ARDC #: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Guardian's Address

\_\_\_\_\_  
City, State and Zip Code