

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT
JACKSON COUNTY

IN THE MATTER OF:

))
)) No. ___-P-___
))
))
(Minor/Disabled Adult))

ANNUAL REPORT

The undersigned, _____,
[Name(s) of Guardian(s)]

Guardian(s) of the above named minor/or disabled person, respectfully submits to the Court the following report of his/their acts and doings in the administration of this case during the interim period from _____, _____ to _____, _____.

1. The minor or disabled person presently resides at _____

2. The guardian(s) presently resides at _____

3. Describe the minor or disabled person's present living arrangement: _____

4. Provide a summary of any medical, educational, vocational or other professional services provided for the minor or disabled person: _____

5. Describe the current mental, physical and social status of the minor or disabled

person: _____

6. List all sources of income that the minor or disabled person receives or that you receive on behalf of the minor or disabled person: _____

7. List all current assets of the minor or disabled person: _____

8. List all expenses incurred on behalf of the minor or disabled person: _____

9. Provide a recommendation as to the need for continued guardianship and other useful information regarding the minor or disabled person that you deem important and useful:

I swear and/or affirm that the information contained in the above Annual Report is true and correct to the best of my knowledge and belief.

Dated this _____ day of _____, _____.

Guardian
_____ E-mail

Co-Guardian
_____ E-mail