

**IN THE CIRCUIT COURT  
FOR THE THIRD JUDICIAL CIRCUIT  
MADISON COUNTY, ILLINOIS**

**\$25.00 Fee**

IN RE THE ESTATE OF \_\_\_\_\_, )  
 )  
 )  
 ) CASE # \_\_\_\_\_ )  
 )  
 Disabled Person/Minor )  
 )

**REPORT OF GUARDIAN / ANNUAL REPORT**

Now comes \_\_\_\_\_, the Guardian of the Person and Estate of \_\_\_\_\_, and for his/her annual report to this Court states:

1. An Order was entered on \_\_\_\_\_, 20\_\_\_\_, finding \_\_\_\_\_, to be a disabled adult/minor, and appointing the undersigned Guardian of his/her person and/or estate.
2. This is the \_\_\_\_\_ (first, etc.) Annual Report to the Court.
3. The disabled adult/minor's current mental, physical and social condition is:  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_
4. The disabled adult/minor (select one) \_\_\_ does \_\_\_ does not have children or dependents.
5. The disabled adult/minor's present living arrangements and current address is:  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

6. The following is a summary of the medical, educational, vocational and other professional services provided to the disabled adult/minor during the past year:

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7. The disabled adult/minor's annual income for the past year is \_\_\_\_\_ and is from the following sources:

- a. Social Security benefits in the amount of \_\_\_\_\_;
- b. Personal earnings in the amount of \_\_\_\_\_;
- c. Other in the amount of \_\_\_\_\_.

8. That from the disabled adult/minor's income, the following has been paid:

- a. Routine living expenses for food, shelter, utilities and transportation in the amount of \_\_\_\_\_;
- b. Medical bills in the amount of \_\_\_\_\_;
- c. Educational bills in the amount of \_\_\_\_\_;
- d. Personal funds expended by \_\_\_\_\_ in the amount of \_\_\_\_\_; and
- e. The disabled adult/minor's income for the year has been (select one) \_\_\_\_\_ sufficient \_\_\_\_\_ insufficient to cover all needs. Any remaining expenses have been paid by \_\_\_\_\_ (Guardian, or other source)

9. The disabled adult/minor has medical coverage through

\_\_\_\_\_.

10. It is in the disabled adult/minor's best interest that this Guardianship continues.

11. Other information that might be useful to the Court is:

A.) Disabled adult/minor receives governmental benefits and the disabled adult/minor's payee for those benefits is \_\_\_\_\_.

B.) Records regarding the disabled adult/minor's income from pensions, savings, or investments. (Copies of records attached).

C.) Records regarding employment income, if the disabled adult/minor is employed. (Copies of records attached).

D.) Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
GUARDIAN

\_\_\_\_\_  
\_\_\_\_\_  
ADDRESS & PHONE NUMBER

Subscribed and Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public