

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT, PROBATE DIVISION

File No. \_\_\_\_\_

Estate of \_\_\_\_\_

A Person with a Disability

GUARDIAN'S ANNUAL REPORT REGARDING WARD

Pursuant to §11a-17(b) of the Probate Act of 1975 [755 ILCS 5/11a-17(b)], \_\_\_\_\_,  
[printed name of the Guardian]

having been appointed on \_\_\_\_\_ as guardian of the person of  
[date of appointment]

\_\_\_\_\_ (the "Ward"), submits this annual Report  
[printed name of the a person with a disability]

as follows (if the Ward is deceased, attach a copy of the death certificate and do not complete the numbered paragraphs of this Report):

- 1. The Ward is now \_\_\_\_\_ years of age.  
The Ward's current mental diagnosis: \_\_\_\_\_  
The Ward's current physical diagnosis: \_\_\_\_\_  
The Ward's current mental condition: \_\_\_\_\_  
The Ward's current physical condition: \_\_\_\_\_  
The Ward's current social condition: \_\_\_\_\_

- 2. The Ward's current living arrangements, including the place of residence, and the Guardian's opinion as to the appropriateness of those arrangements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Ward's other places of residence since the last report and the length of stay at each place:

Address of Other Place of Residence

Length of Stay

Address of Other Place of Residence	Length of Stay
_____	_____
_____	_____
_____	_____

- 3. Medical and dental services provided to the Ward: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational service provided to the Ward: \_\_\_\_\_  
\_\_\_\_\_

Vocational and other professional services provided to the Ward: \_\_\_\_\_  
\_\_\_\_\_

4. A summary of the Guardian's visits with and activities on behalf of the Ward:

Dates	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. The Guardian recommends that there \_\_\_\_\_ a need for continued guardianship because \_\_\_\_\_  
(is) (is not)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Other information concerning the Ward which may in the opinion of the Guardian be useful to the Court:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_ [signature of the Guardian]

\_\_\_\_\_ [printed name of the Guardian]

\_\_\_\_\_ [address of the Guardian]

\_\_\_\_\_ [city/state/zip code]

\_\_\_\_\_ [telephone of Guardian]

**Mail To:**

The Judge assigned to Calendar \_\_\_\_\_  
 Circuit Court of Cook County, Probate Division  
 Richard J. Daley Center, 18th Floor  
 50 West Washington Street  
 Chicago, Illinois 60602

Service via email from opposing party/counsel will be accepted at:

\_\_\_\_\_ by consent pursuant to Ill. Sup. Ct. Rules 11 and 131.