

**IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS
Probate Division**

IN THE MATTER OF THE GUARDIANSHIP OF)
)
)
)
 _____)
 Disabled Person)

Case Number _____

ACCOUNTING

I, _____, am the Guardian of the Estate of _____, a disabled person, and the following is a true and complete Accounting of the Estate's Cash Receipts and Disbursements covering the period from _____, 20____, to _____, 20____, and an Inventory of the Ward's Assets as of _____, 20_____.

CASH RECEIPTS

Date	Description	Amount
		\$
		\$
		\$
		\$
		\$

TOTAL CASH RECEIPTS \$ _____

CASH DISBURSEMENTS

Recapitulation

Date	Description	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

TOTAL CASH DISBURSEMENTS \$ _____

Cash on Hand Beginning of Accounting Period	\$ _____
Total Cash Receipts (Listed above)	\$ _____
Total Cash Disbursements (Listed above)	\$ _____
Cash on Hand Ending of Accounting Period	\$ _____

INVENTORY

Item Number	Description	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

TOTAL VALUE \$ _____

I am the duly appointed and acting Guardian of the Estate of _____, a disabled person, and attest that the above Accounting signed by me is true and correct to the best of my knowledge and belief. Signed this _____ day of _____, 20_____.

Guardian's Signature

I, _____, the duly appointed and acting Guardian of the Estate of _____, a disabled person, provided the information for this Accounting to the person named below.

PREPARED BY:

Name: _____
Address _____
City, State Zip _____
Telephone: _____

RETURN TO:

McHenry County Clerk of the Circuit Court
Attn: Probate Division
2200 N. Seminary Avenue
Woodstock, IL 60098