

**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 _____

ANNUAL REPORT

NOW comes the Guardian of the person named in the caption hereto and shows unto the Court:

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 dependant 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 medical, educational, vocational and other professional services given the ward is: _____

7. A summary of the guardian's visits with and activities on behalf of the ward is: _____

8. * The undersigned guardian recommends continued guardianship.

* Check only if applicable

9. Other information which may be useful to the Court is: _____

All which is respectfully submitted.

By: _____
Guardian's Signature

STATE OF ILLINOIS)
) SS
COUNTY OF McHENRY)

_____, being first duly sworn on oath states that he/she as guardian of the above named person is authorized to execute this Report, has read the foregoing Report by him/her subscribed, knows the contents thereof and that the same are true in substance and in fact.

SUBSCRIBED and sworn to before me this _____ day of _____, 20____

Guardian's Signature

NOTARY PUBLIC

GUARDIAN CONTACT INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____