

ESTATE OF : )  
 )  
 ) No. \_\_\_\_\_  
 )  
 )  
 A Disabled Person )

**ANNUAL REPORT OF THE GUARDIAN OF THE PERSON**

PERIOD FROM: \_\_\_\_\_, 20\_\_\_\_, to \_\_\_\_\_, 20\_\_\_\_.  
MONTH DAY MONTH DAY

Ward's date of birth: \_\_\_\_\_ Ward's current age: \_\_\_\_\_

1) **Ward's present living arrangement**

Home or Facility: \_\_\_\_\_

Ward's Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

2) **Medical**

Ward's disability: \_\_\_\_\_

Doctor(s) Name: \_\_\_\_\_

Date of Last Medical Exam: \_\_\_\_\_

Date of Last Dental Exam: \_\_\_\_\_

3) **Guardian's visits and activities**

4) **Educational, vocational and professional services provided:**

*If the disabled person is in a facility include a copy of the individual's program plan.*

**Return to:**

**Judge Paul Fullerton  
505 N. County Farm Rd.  
Wheaton, IL. 60187  
Attn: Caryl Doty, courtroom 2015**

I am the duly appointed and acting Guardian of the Person of \_\_\_\_\_,  
A Disabled Person, and I attest that the above information is true and correct, dated this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET

Address: \_\_\_\_\_  
CITY STATE ZIP CODE

Phone: \_\_\_\_\_

Email: \_\_\_\_\_