

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT  
DUPAGE COUNTY, ILLINOIS

ESTATE OF:

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\_\_\_\_\_

A Disabled Person

\_\_\_\_\_

Case Number

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

PERIOD FROM: \_\_\_\_\_, 20\_\_\_\_ To: \_\_\_\_\_, 20\_\_\_\_  
Month Day Month Day

Ward's current age: \_\_\_\_\_ Guardian's relationship to ward: \_\_\_\_\_

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 Ward's Activities:**

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4). **Educational, Vocational and Professionals Services Provided:**

*If the disabled person is in a facility, include a copy of any applicable reports from the facility.*

*Attach a copy of the representative payee report, if applicable.*

*Guardian shall redact any and all personal information, such as, Social Security numbers, account numbers and medical record numbers.*

**Return To:**

**Judge Robert G. Gibson  
Attn: Caryl Doty, Room 2015  
505 N. County Farm Road  
Wheaton, IL 60187  
Caryl.Doty@18thjudicial.org**

**Please include a SASE (self-addressed stamped envelope) with your Annual Report**

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

\_\_\_\_\_  
(Guardian Signature)

**Guardian Information:**

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

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

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

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

**Guardian must provide Court notice in writing of disabled persons and/or guardian's change of address and phone within 14 days of change.**

**THE ANNUAL REPORT SHOULD BE ELECTRONICALLY FILED 30 DAYS PRIOR TO THE COURT DATE:**  
<https://il.i2file.net>