

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

ESTATE OF: \_\_\_\_\_ )  
 )  
 ) \_\_\_\_\_ )  
 ) Case Number  
\_\_\_\_\_ )  
A Disabled Person )

**FACILITY REPORT**

Facility: \_\_\_\_\_

Type of facility: nursing home, assisted living, group home or: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

1. How long has the ward been at your facility?
2. Ward's social and recreational activities?
3. Did the guardian participate in developing the facility's care plan for the ward?
4. Do you have any concerns about the ward or the guardian?

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

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

**This form should be electronically filed  
along with the Annual Report and/or  
Accounting Form at <https://il.12file.net>**