

IN THE CIRCUIT COURT OF DEKALB COUNTY, ILLINOIS  
PROBATE DIVISION

Estate of \_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ ) No. \_\_\_\_\_  
A Disabled Person \_\_\_\_\_ )

ANNUAL REPORT ON WARD

Pursuant to Article 11a Section 17 (b) of the Probate Act of 1975, as amended, \_\_\_\_\_,  
(Guardian's Name)  
guardian of the \_\_\_\_\_ of the above-named ward, submits its annual report  
(person, estate, or both)  
as follows:

1. Age: \_\_\_\_\_ Mental Condition: \_\_\_\_\_  
Physical Condition: \_\_\_\_\_  
Social Condition: \_\_\_\_\_
2. Present living arrangement of the ward: \_\_\_\_\_  
\_\_\_\_\_
3. Medical, educational, vocational, and other professional services given by others:  
Diagnosis: \_\_\_\_\_  
Monitored by: \_\_\_\_\_ Current Weight: \_\_\_\_\_  
Medications: \_\_\_\_\_ Diet: \_\_\_\_\_  
Facility provides educational/vocational/social/PT-OT/speech services as needed.
4. Guardian's activities on behalf of ward:  
Personal visits: \_\_\_\_\_  
Staffings/reviews attended: \_\_\_\_\_  
Various consents signed for placement, programming, release of information, medical needs.
5. Appropriateness of placement: \_\_\_\_\_
6. Recommendation as to the need for continued guardianship: \_\_\_\_\_  
\_\_\_\_\_
7. Other information considered useful in the opinion of the guardian:

Signed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

Signed by: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone No.: \_\_\_\_\_