

IN THE CIRCUIT COURT OF THE FOURTEENTH JUDICIAL CIRCUIT  
ROCK ISLAND COUNTY, ILLINOIS  
PROBATE DIVISION

In Re: \_\_\_\_\_ )  
 )  
 ) No. \_\_\_\_\_ P \_\_\_\_\_  
 )  
\_\_\_\_\_  
A Disabled Person

**ANNUAL REPORT ON WARD (ADULT)**

I, (*Name of Guardian*) \_\_\_\_\_,  
(*Limited/plenary*) \_\_\_\_\_ Guardian of the Person of the above-named ward, submit  
the annual report as follows:

1. Age and current condition of the ward:
  
2. Present living arrangement of the ward (and his/her children):  

ADDRESS:  
OTHER RESIDENCES SINCE LAST REPORT:  
Address:                                  Length of Stay:
  
3. Medical, educational, vocational, and other professional services provided to the ward (and his/her minor children) by others:
  
4. Guardian's activities on behalf of the ward (and his/her minor children):  

VISITS AND CONSULTATIONS WITH THE WARD:  
Dates Visited                                  Significant Occurrences

OTHER:

5. Appropriateness of placement:

6. Recommendation as to the need for continued guardianship:

7. Other information considered useful in the opinion of the guardian:

By: \_\_\_\_\_  
Guardian of the Person

Attorney or Representative(s):

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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