

**IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT
KANE COUNTY, ILLINOIS**

Case No. _____

IN THE MATTER OF THE
GUARDIANSHIP OF:

_____, Disabled person

File Stamp

ANNUAL/TRI-ANNUAL REPORT ON WARD (ANRWD)

(Pursuant to 755 ILCS 5/11a - 17b)

Guardian

Name: _____	Guardianship of: <input type="checkbox"/> Estate <input type="checkbox"/> Person	Type <input type="checkbox"/> Limited <input type="checkbox"/> Plenary
Address: _____		
City, State, Zip: _____		

for the above named ward, submits an annual report as follows:

1. Age(s) and current mental, physical, and social condition of the ward and his/her child(ren):

2. Present living arrangement of the ward and his/her child(ren) (include addresses and length of time residing at each since the last report):

3. Medical, educational, vocational, and other professional services given to the ward and his/her child(ren) by others:

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4. Guardian's activities on behalf of ward and his/her children:

Date Personal Visits

Significant Occurrences

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____

5. Appropriateness of placement.

6. Recommendation as to need for continued guardianship.

7. Personal Fund Balance: _____

Held at: _____

Savings Account Balance of: _____

Held at: _____

Date: _____

Signature: _____