

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT OF ILLINOIS
TAZEWELL COUNTY

IN RE:

Disabled Adult

Case Number _____ P _____

GUARDIAN REPORT

Complete the following information concerning the Guardian:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

As to the Disabled Adult, the Guardian is to provide the following information:

Address: (If living in a residential or assisted living facility, provide the name of the facility)

If the Disabled Adult is living with someone other than residential or assisted living facility, state the following:

Name of person(s) residing with and relationship to the Disabled Adult: _____

A brief description of the current physical and mental health of the Disabled Adult:

IN RE:

 Disabled Adult

Date of last visit to doctor/hospital by Disabled Adult: _____

Name of doctor/hospital: _____

Brief description of condition treated: _____

If you are also the Guardian of the Estate state:

Annual income of the Disabled Adult and its source: _____

Brief description of how the aforesaid income is being used on behalf of the Disabled Adult:

Date: _____

Submitted by: _____

Printed Guardian's Name

Guardian's Signature