

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

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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