**UNITED STATES OF AMERICA**
**STATE OF ILLINOIS COUNTY OF LASALLE**
**IN THE CIRCUIT COURT OF THE 13TH JUDICIAL CIRCUIT**

ESTATE OF )
)
_____ ) Case # _____
DISABLED ADULT/MINOR )

## ANNUAL REPORT OF PLENARY GUARDIAN

**PERIOD FROM:**

1) Current mental, physical and social condition:

2) Present living arrangement:

3) Medical, educational, vocational and professional services provided:

4) Guardian's visits and activities:

5) Recommendation for continued guardianship:

**GUARDIAN'S INFORMATION**:

Name:
Address:
Address:
Phone Number:
eMail:

**Documents need to be efiled with the Circuit Clerk's office.**
**See http://efile.illinoiscourts.gov/service-providers.htm for efiling information.**