

**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
GRUNDY COUNTY, ILLINOIS – IN PROBATE**

IN RE THE GUARDIANSHIP OF:

Name of Minor Child

Case No. _____

ANNUAL REPORT

_____, by order entered _____, was appointed
Name of Guardian Date of Order for Guardianship
plenary guardian of the person of _____ and now
respectfully submits the following annual report to date:

A. Status of Minor

1. The address of the minor child at the I We was were
(Check one) (Check one)
appointed guardian was _____.

2. The minor child now lives at the following address

If the ward has changed addresses, an explanation must be provided.

3. The minor's current school is _____.

4. The minor has health insurance through:
 Private insurance company _____ through
Name of insurance company

Name of person who provides minor child with insurance
 Illinois Medicaid Program
 Other: _____
 None

5. _____ receives food stamps on behalf
of the minor child.

6. Current mental, physical and social condition are as follows:

B. Real Property (List any land, houses or real estate owned by the minor child):

| Address | Value | How Value Determined |
|---------|-------|----------------------|
|---------|-------|----------------------|

Minor has no real Property.

C. Personal Property (This may include items such as bank accounts, life insurance, savings bonds, college savings program, automobile(s), and cash):

Minor has no personal Property.

D. Expenditures from minor's money.

Minor had no money for expenditures.

E. Income received by minor or for minor (List in detail, including any income for the minor child from Social Security – ATTACH SEPARATE SHEET IF NECESSARY)

Respectfully submitted,

Signature of guardian
Guardian of _____
Minor child

VERIFICATION UPON AFFIRMATION

I, _____, being first duly sworn on oath,
Name of guardian
I am guardian of the estate of _____, that I have read the
Name of minor child
the foregoing Annual Report and Accounting, that I know thereof, and that the same
are true and correct to the best of my knowledge.

Signature of guardian

Person Who Prepared Form:

Name _____
Address _____

Phone Number _____
Email _____