

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT  
DUPAGE COUNTY, ILLINOIS**

ESTATE OF:

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\_\_\_\_\_  
Minor

\_\_\_\_\_  
Case Number

**REPORT OF THE GUARDIAN OF THE MINOR PERSON**

1. *Guardian shall redact any and all personal information, such as Social Security numbers, account numbers and medical record numbers.*
2. *Visit dupagecourts.gov and click on Probate / Guardianship or call the Self Represented Litigant Help Desk in the Law Library at (630)407-8811 for further assistance.*
3. *Please e-file and keep a copy of this report for your records.*

PERIOD FROM THE PAST YEAR OR TWO: \_\_\_\_\_, 20\_\_\_\_ TO: \_\_\_\_\_, 20\_\_\_\_  
Month Day Last Year Month Day Current Year

Minor's date of birth: \_\_\_\_\_ Minor's current age: \_\_\_\_\_

Minor's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Is this a new address from your last report:  YES  NO

Does the minor live with you?  YES  NO

Who else lives in the home with the minor?  
\_\_\_\_\_

Does the minor have contact with his or her parents?  YES  NO

Explain: *How frequently, how recently, is it regular, and what is the quality of the contact?*  
\_\_\_\_\_  
\_\_\_\_\_

School Minor attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Town of School: \_\_\_\_\_

Minor's Doctor (s) Name: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Date of last visit to dentist: \_\_\_\_\_

**PLEASE PROCEED TO PAGE 2**

1). The minor's social activities are: (sports, extracurricular, social, religious, work, etc.)

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2). Please provide information of the general health and well-being of the minor: (Include any significant changes with the minor since your last report)

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***Attach copies of the minor's last report card or related educational data, any doctor reports, letters from the school, friends and family regarding the physical and mental wellbeing of the child.***

I am the duly appointed and acting Guardian of the Minor \_\_\_\_\_, and I attest that the above information is true and correct, dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Guardian Signature)

**Guardian Information:**

Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Guardian must provide Court notice in writing of disabled persons and/or guardian's change of address and phone within 14 days of change.**

**THE ANNUAL REPORT SHOULD BE ELECTRONICALLY FILED 30 DAYS PRIOR TO THE COURT DATE**

[efileil.tylertech.cloud](http://efileil.tylertech.cloud)

Please direct questions about civil E-Filing to the Circuit Court Clerk at (630)407-8700.

## ANNUAL ACCOUNTING FORM

### INSTRUCTIONS

- 1) Answer all of the questions on page 2 and answer the questions on pages 3 and 4 as instructed in bold.
- 2) Fill in the amounts for income, expenses, assets and liabilities on pages 4 through 6.
- 3) Do not substitute worksheets you may have prepared for information required on pages 4 through 6.  
**NOTE:** If the ward lives in a facility and has no assets or income other than Social Security, Medicaid or disability income, the guardian may submit an accounting provided by the facility in lieu of completing pages 4 through 6.
- 4) Be sure to submit monthly statements for checking accounts, savings accounts and other financial activity.
- 5) Keep a copy of this report for your records to assist you in preparing next year's annual accounting and ensuring consistency of information in subsequent reporting periods.
- 6) Visit [dupagecourts.gov](http://dupagecourts.gov) and click on Probate / Guardianship or call the Self Represented Litigant Help Desk in the Law Library at (630)407-8811 for further assistance.

The Annual Accounting should be electronically filed 30 days prior to the court date:  
[efileil.tylertech.cloud](http://efileil.tylertech.cloud)

Please direct questions about Civil E-Filing to the Circuit Court Clerk at (630)407-8700.

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL  
DUPAGE COUNTY, ILLINOIS**

IN RE: \_\_\_\_\_ )  
Estate of \_\_\_\_\_ ) No. \_\_\_\_\_ )  
\_\_\_\_\_ )  
A Disabled Person/Minor)

ANNUAL ACCOUNTING

Estate of \_\_\_\_\_, (a disabled person/minor.) The following is a true and complete Accounting of the Estate's Financial transactions covering the past year from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.  
MONTH DAY YEAR MONTH DAY YEAR

I am the duly appointed and acting Guardian of the Estate of \_\_\_\_\_ Disabled Person/Minor, and I attest that the attached Accounting signed by me is true and correct to the best of my knowledge and belief, signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

*Complete this section if someone such as an accountant, lawyer or other family member prepared the information in this report.*

I, \_\_\_\_\_, the duly appointed and acting Guardian of the Estate of \_\_\_\_\_, a Disabled Person/Minor, provided the information for the Accounting to the person named below.

Prepared by:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Ward's Name \_\_\_\_\_

## ANNUAL ACCOUNTING

Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

QUESTIONS ABOUT THE WARD'S FINANCES		
A. Explain any significant event or transaction which has impacted the ward's financial situation since the last annual accounting:		
	YES	NO
B. Does the ward: 1) receive Social Security, disability income or Medicaid which is paid directly to a residential facility, and 2) have no other assets or income? If yes, the guardian may submit an accounting provided by the facility in lieu of completing the remainder of this document.		
An accounting provided by the ward's facility is attached. <b>IF YES, STOP HERE. IF NO, PROCEED</b>		
<b>TO AND COMPLETE SECTION C BELOW.</b>		
C. Does the ward: 1) receive Social Security, disability income or Medicaid, 2) live with the guardian who pays living expenses not covered by these payments, and 3) have no other assets or income? If yes, the guardian may submit the Representative Payee Statement or a bank statement showing the payment amount in lieu of completing the remainder of this document.		
A Representative Payee Statement or bank statement is attached. <b>IF YES, STOP HERE. IF NO,</b>		
<b>PROCEED TO AND COMPLETE SECTION D BELOW.</b>		
D. Is there a surety bond in place? If yes, provide amount and expiration date \$ _____ Expiration date _____		
Does the ward own real estate?		
Are insurance and property tax payments up to date? If no, attach a statement with an explanation		
Does the ward own a vehicle?		
Are vehicle insurance premiums up to date? If no, attach a statement with an explanation		
Has the ward received a payment, property, or other asset such as an inheritance, insurance settlement, gift, or other since the date of the last annual accounting? If yes, include amount and description \$ _____ Description _____		
If fees are paid to the guardian from the ward's assets, is there a court order in place which permits such payments? If yes, include date of the order and amount authorized Date _____ \$ _____		

Ward's Name \_\_\_\_\_

QUESTIONS ABOUT THE WARD'S FINANCES		
	YES	NO
If fees are paid to a lawyer is there a court order in place which permits such payments? If yes, include the date of the order and amount authorized Date _____ \$ _____		
If property owned by the ward, such as real estate or a vehicle, was liquidated since the last annual accounting, was a court order obtained which permitted the sale? If yes, include the date of the order _____		
Are the ward's assets held in an OBRA trust?		

WARD'S SOURCES OF INCOME	
<i>List the total amount for each source</i>	AMOUNT
Social Security retirement income	\$ _____
Social Security disability income	\$ _____
Payments from Medicaid	\$ _____
Distributions from a pension-- <i>List the amount for each pension account</i>	
1)	\$ _____
2)	\$ _____
Distributions from an annuity	\$ _____
Earnings from employment	\$ _____
Investment income-- <i>List the amount for each investment account</i>	
1)	\$ _____
2)	\$ _____
3)	\$ _____
4)	\$ _____
5)	\$ _____
Other income sources not listed above Description _____	\$ _____
Ward's Total Income for the Annual Accounting Period	\$ _____

Ward's Name \_\_\_\_\_

<b>WARD'S EXPENSES</b>	
<i>List the ward's expenses which are paid from the ward's assets. List the total amount for each expense.</i>	<b>AMOUNT</b>
Room and board payments	\$
Nursing home or assisted living facility payments	\$
Rent payments	\$
Mortgage payments	\$
Utilities payments	\$
Transportation expenses	\$
Medical treatment expense	\$
Medication expense	\$
Food expense	\$
Clothing expense	\$
Recreation and entertainment expense	\$
Personal expense	\$
Income tax expense	\$
Real estate property tax expense	\$
Real estate maintenance expense	\$
Real estate insurance expense	\$
Auto insurance expense	\$
Health insurance expense	\$
Life insurance expense	\$
Gifts	\$
Caregiver expense	\$
Fees paid to guardian	\$
Fees paid to accountant	\$
Fees paid to lawyer	\$
Bond premium	\$
Burial expense	\$
Child or spousal support expense	\$
Payroll tax expense for caregiver	\$
Other expense not listed above	\$
Description _____	\$
<b>Ward's Total Expenses for the Annual Accounting Period</b>	<b>\$</b>

Ward's Name \_\_\_\_\_

<b>WARD'S ASSETS AND LIABILITIES</b>	
<b>Assets</b>	
<i>List the assets owned by the ward. Provide monthly statements which show the detailed transactions, such as bank statements and investment account statements. Redact account numbers to ensure privacy of personal information.</i>	<b>AMOUNT</b>
Checking accounts	
1)	\$
2)	\$
Savings accounts	
1)	\$
2)	\$
Certificates of deposit	
1)	\$
2)	\$
IRA accounts	
1)	\$
2)	\$
401k account	\$
Investment accounts	
1)	\$
2)	\$
3)	\$
4)	\$
5)	\$
Annuity account	\$
Pension or other retirement account	\$
Cash surrender value of life insurance	\$
Real estate/property at fair market value	\$
Vehicle at fair market value	\$
Other asset owned by ward	
Description _____	\$
<b>Total Value of Ward's Assets</b>	<b>\$</b>

<b>Liabilities</b>	
<i>List liabilities and debt of the ward</i>	<b>AMOUNT</b>
Mortgage	\$
Loan	\$
Credit card balance	\$
Other liability of the ward	
Description _____	\$
<b>Total Liabilities of the Ward</b>	<b>\$</b>

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT  
DUPAGE COUNTY, ILLINOIS

ESTATE OF:

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\_\_\_\_\_  
Minor

\_\_\_\_\_  
Case Number

**Probate**  
**Change of Address Form**

*Guardian must provide the Court with written notice of address change for the minor/ward and/or guardian within 14 days of move.*

**Ward/Minor's Address:**

Private Home or Facility \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**Guardian's Address:**

Names \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Mail to:

**Judge Belford, 18<sup>th</sup> Judicial Circuit Court, 505 N. County Farm Rd.,  
Courtroom 2009, Wheaton, IL 60187**