IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT ST. CLAIR COUNTY, ILLINOIS

IN	THE MATTER OF:				
	,) NO				
M	inor/Disabled Person) NO				
	ANNUAL REPORT				
Th	Name(s) of Guardian(s)}				
Gı	{Name(s) of Guardian(s)} uardian(s) of the above names minor/or disabled person, respectfully submits to the				
Co	ourt the following report of his/their acts and doings in the administration of this case				
du	ring the interim period from, 20 to,				
20	·				
1.	. The minor or disabled adult person presently resides at				
2.	2. The guardian(s) presently resides at				
3.	The guardian(s) is presently employed by:(Name & Address)				
4.	Describe the minor or disabled person's present living arrangement:				
5.	Provide a summary of any medical, educational, vocation or other professional				
	services provided for the minor or disabled person:				

).	Where is child enrolled in school and what grade level is she/he placed:		
7.	Describe the current mental, physical and social status of the minor or disabled		
	person:		
3.	List all sources of income that the minor or disabled person receives or that you		
	receive on behalf of the minor or disabled person and if there is an account held for		
	the benefit of the minor, attach a bank statement:		
).	List all current assets of the minor or disabled person:		
0	List all expenses incurred on behalf of the minor or disabled person:		
1	Provide a recommendation as to need for continued guardianship and other useful		
	information regarding the minor or disabled person that you deem important and		
	useful:		
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12.	From time to time the Judge or Clerk's office may need to contact you about a matter. Please provide us with the name & phone number of a relative or close friend who will know how to get in touch with you if we can't.:			
13.	Phone, cell phone & E-mail address of guardian(s):			
corr	year or affirm that the information creet to the best of my knowledge an	contained in the above Annual Report is true and d belief.		
	uny 01	,,		
	Guardian	Co-Guardian		
Add	lress:	Address:		
Pho Ema	ne Number:ail Address:	Phone Number: Email Address:		