IN THE CIRCUIT COURT TWENTY-FOURTH JUDICIAL CIRCUIT COUNTY, ILLINOIS

IN RE THE GUARDIANSHIP OF:]] No:
vs.]
A DISABLED ADULT.]
GUARDIANSHIP ACCO	DUNTING - SUMMARY
Accounting Period:	
1. Cash on hand at beginning of p	
2. Receipts during this accounting	
3. Total Cash: [total of lines 1 & 2]4. Expenditure during this account	(dbl click within cash cell for formula to calculate)
5. Cash balance on hand: [subtract l.	<u></u>
You MUST attach supporting documents for the example, attach bank statements for savings are bonds, brokerage statements for securities. Be expenditures but do NOT attach them unless requ	he Cash on Hand and the Current Assets. For ad checking accounts, photocopies of CDs and prepared to produce cancelled checks to show
I swear that the above information and all atta that any false statements could result in prosec	achments are true and correct. I understand
Signature of Guardian	Date:
Signature of Guardian	Date:

IMPORTANT: If your address has changed, you **must** notify the Clerk of the Circuit Court in writing. Include a daytime phone number if you are not represented by an attorney.

CASH (Accounts at Financial Institutions & Currency) VALUE VALUE VALUE VALUE VALUE VALUE VALUE VALUE At the value range of the value rang	GUARDIANSHIP CURRENT ASSETS	
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GUARDIANSHIP CURRENT ASSETS	
PERSONAL & MISCELLANEOUS PROPERTY	VALUE
Total	

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	GUARDIANSHIP RECEIPTS	
DATE	SOURCE & REASON FOR RECEIPT	AMOUNT
	Total	

dbl click within total cell to have formula calculate total

D	GUA	RDIANSHIP EXPENDITURES	
DATE	NAME OF PAYEE	REASON FOR RECEIPT	AMOUNT
	1	•	TOTAL

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