

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

ESTATE OF: \_\_\_\_\_ ]  
 ]  
 ] No: \_\_\_\_\_  
 ]  
 MINOR. \_\_\_\_\_ ]

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

*Guardian shall redact any and all personal information, such as, Social Security numbers, account numbers, and all medical record numbers.*

Period  
 From: \_\_\_\_\_ , 20 \_\_\_\_\_ To: \_\_\_\_\_ , 20 \_\_\_\_\_  
           Month                      Day                      Last Yr                      Month                      Day                      Current Yr

| MINOR'S INFORMATION                                                                                   |                          |             |                          |
|-------------------------------------------------------------------------------------------------------|--------------------------|-------------|--------------------------|
| <b>Date of Birth:</b>                                                                                 | <b>Current Age:</b>      |             |                          |
|                                                                                                       |                          |             |                          |
| <b>Address:</b>                                                                                       |                          |             |                          |
|                                                                                                       |                          |             |                          |
| <b>City:</b>                                                                                          | <b>State:</b>            | <b>Zip:</b> |                          |
|                                                                                                       |                          |             |                          |
| <b>Does minor have contact with parents:</b>                                                          | <input type="checkbox"/> | <b>Yes</b>  | <input type="checkbox"/> |
|                                                                                                       |                          | <b>No</b>   |                          |
| <b>In detail, explain how frequently, recent dates and quality of contact minor has with parents:</b> |                          |             |                          |
|                                                                                                       |                          |             |                          |
| <b>Individuals living with minor:</b>                                                                 |                          |             |                          |
|                                                                                                       |                          |             |                          |

| MINOR'S SCHOOL INFORMATION: |                       |              |
|-----------------------------|-----------------------|--------------|
| <b>School Name</b>          | <b>City of School</b> | <b>Grade</b> |
|                             |                       |              |

| MINOR'S PHYSICIAN INFORMATION: |                                |                                  |
|--------------------------------|--------------------------------|----------------------------------|
| <b>Name of Physician</b>       | <b>Date Last Physical Exam</b> | <b>Date of Last Dental Visit</b> |
|                                |                                |                                  |

|                                                                                                               |
|---------------------------------------------------------------------------------------------------------------|
| <b>Describe minor's social activities:</b><br><i>(Sports, extracurricular, social, religious, work, etc.)</i> |
|                                                                                                               |

|                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Provide information of the general health and well-being of the minor:</b><br><i>(Include any significant changes with the minor since your last report.)</i> |
|                                                                                                                                                                  |

**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 well-being 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:**

|                  |               |               |
|------------------|---------------|---------------|
| <b>Guardian:</b> |               |               |
|                  |               |               |
| <b>Address:</b>  |               |               |
|                  |               |               |
| <b>City:</b>     | <b>State:</b> | <b>Zip:</b>   |
|                  |               |               |
| <b>Phone:</b>    |               | <b>Email:</b> |
|                  |               |               |

*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.**