STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 17TH JUDICIAL CIRCUIT BOONE COUNTY – PROBATE DIVISION

	IE MATTER OF THE GUARDIANSHIP OF)) Case No:	File Stamp					
	Disabled)						
	DISABLED GUARDI	AN'S ANNUAL REPORT						
	This is the first Annual Report. I have composite training My certificate has been filed My certificate is attached to this report. This is a subsequent Annual Report.	d with the court						
NOW	comes the Guardian of the person named in	the caption hereto and shows unto the	ne Court:					
	An Order was entered on							
4.	The ward's present living arrangement, a deward lived during the reporting period and		nce where the					
5.	A summary of the medical, educational, voc	cational and other professional service	es given to the ward is:					
	A summary of the Guardian's visits with and	d activities on behalf of the ward is:						
		pendent children						

espectfully submitted, ubmitted this day,					
	_				Guardian's Signature
STATE OF ILLINOIS)				
COUNTY OF BOONE) SS)				
				· ·	oath states that they as
Guardian of the above-named pethem subscribed, knows the cont					
SUBSCRIBED and sworn to before	e me this	_day of_			, 20
Guardian's Signature					
Notary Public					
Address:				— — —	
This report may be filed prior to Belvidere, IL 61008. If the writte	_				
	FOR C	OURT US	E ONLY		
Approved – Status date o	f		is stricken.		
New Report Date -	at_		A.M., which m	ay be filed in	lieu of appearance.
Clerk to mail notice of new	w report date to G	Guardian(s) and all partie	s and attorne	eys of record.
 Date			J	UDGE	

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