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

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

ANNUAL ACCOUNTING

Estate of _____, a disabled person/minor, and the following is a true and complete Accounting of the Estate's Financial transactions covering the period 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: _____

See reverse side for instructions on completing the Annual Accounting and submitting it to the Court.

INSTRUCTIONS

1) Answer each question on pages 3 and 4.

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 as instructed on page 7.

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.

DUE DATE

The Annual Report is due 30 days before court date. Send it to:

18TH Judicial Circuit Court
Attn: Caryl Doty, Courtroom 2015
505 N. County Farm Road
Wheaton, IL 60187
Caryl.Doty@18thjudicial.org

Ward's Name_____

ANNUAL ACCOUNTING

Dates: From ____/____/____ To____/____/____

QUESTIONS ABOUT THE WARD'S FINANCES		
Explain any significant event or transaction which has impacted the ward's financial situation since the last annual accounting_____		
	YES	**NO**
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. If yes, **STOP HERE.**		
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. If Yes, **STOP HERE.**		
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	
List the total amount for each source	**AMOUNT**
Social Security retirement income	$
Social Security disability income	$
Payments from Medicaid	$
Distributions from a pension--*List the amount for each pension account*	
1)	$
2)	$
Distributions from an annuity	$
Earnings from employment	$
Investment income--*List the amount for each investment account*	
1)	$
2)	$
3)	$
4)	$
5)	$
Other income sources not listed above Description_____	$
Ward's Total Income for the Annual Accounting Period	$

Ward's Name_____

WARD'S EXPENSES	
List the ward's expenses which are paid from the ward's assets. List the total amount for each expense.	**AMOUNT**
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_____	$
Ward's Total Expenses for the Annual Accounting Period	$

$

Ward's Name_____

WARD'S ASSETS AND LIABILITIES	
Assets	
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.	**AMOUNT**
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_____	$
Total Value of Ward's Assets	$

Liabilities	
List liabilities and debt of the ward	**AMOUNT**
Mortgage	$
Loan	$
Credit card balance	$
Other liability of the ward Description_____	$
Total Liabilities of the Ward	$