

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

ESTATE OF: _____)
)
) _____)
) Case Number
_____)
A Disabled Person)

FACILITY REPORT

Facility: _____

Type of facility: nursing home, assisted living, group home or: _____

Address: _____

City/State/Zip: _____

1. How long has the ward been at your facility?
2. Ward's social and recreational activities?
3. Did the guardian participate in developing the facility's care plan for the ward?
4. Do you have any concerns about the ward or the guardian?

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

**This form should be electronically filed
along with the Annual Report and/or
Accounting Form at
<https://illinois.tylerhost.net>**