

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

ESTATE OF:

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Minor

Case Number

REPORT OF THE GUARDIAN OF THE MINOR PERSON

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

PERIOD FROM: _____, 20____ To: _____, 20____
Month Day Last Year Month Day Current Year

Minor's date of birth: _____ Minor's current age: _____

Minor's Address: _____

City/State/Zip: _____

Who lives in the home with the minor?

Does the minor have contact with his or her parents?

Explain: *How frequently, how recently, is it regular, and what is the quality of the contact?*

School Minor attends: _____ Grade: _____

Town of School: _____

Minor's Doctor (s) Name: _____

Date of last physical exam: _____

Date of last visit to dentist: _____

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- 1). The minor's social activities are: (sports, extracurricular, social, religious, work, etc.)

- 2). Please provide information of the general health and well-being of the minor: (Include any significant changes with the minor since your last report)

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 wellbeing 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:

Guardian: _____

Address: _____

Phone: _____

Email: _____

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](#)

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