

STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT  
MONTGOMERY COUNTY

CURRENT ACCOUNT

Case No. \_\_\_\_\_

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_  
A DISABLED PERSON

The undersigned, \_\_\_\_\_

Guardian(s)

of the above named disabled person, respectfully submits to the Court the following report of the guardian's acts and doings in the administration of this case during the interim period from \_\_\_\_\_ to \_\_\_\_\_:

(A) Cash or Monies held in bank for benefit of disabled person at start of period \$ \_\_\_\_\_

**ITEMS OF RECEIPT**

(for entire period)

Social Security	\$ _____
*Representative Payee Report from Social Security must be attached	
ARC Income	\$ _____
Other Income	\$ _____

(B) Total of all receipts \$ \_\_\_\_\_

**EXPENDITURES**

Social Security Applied to Group Home during period	\$ _____
Personal amount paid to Group Home during period	\$ _____
Clothing, personal necessities, etc..., period total	\$ _____
Other expenditures - itemize below	

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

(C) Total of all items paid out \$ \_\_\_\_\_  
(D) Receipts Less Expenditures (B) - (C) \$ \_\_\_\_\_  
(E) Cash or monies held for disabled adult at end of period \$ \_\_\_\_\_  
(F) Reconciliation (A) + (D) (should equal E) \$ \_\_\_\_\_

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

ORDER

The foregoing current account has been reviewed by the court and is hereby approved. The next account is due by \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ a.m., at which time this cause is set for review.

\_\_\_\_\_  
Date

Enter: \_\_\_\_\_  
Judge