

Eleventh Judicial Circuit Court
Woodford County, Illinois

Accounting

I, _____, am the guardian of the estate of _____, a disabled person/minor, and the following is a true and complete accounting of the estate's cash receipts and disbursements covering the period from _____ to _____, and an inventory of the ward's assets as of _____.

Receipts

Total: \$ _____

Disbursements

Total: \$

Cash on hand at beginning of accounting period: \$ _____
 Total cash receipts (listed above): \$ _____
 Total cash disbursements (listed above): \$ _____
 Cash on hand at end of accounting period: \$ _____

Inventory

Last 4 digits of account (if applicable)	Description Bank, other financial accounts, real estate, or personal property	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Certification

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

Signature of Guardian

Date

Print Name of Guardian

Phone Number

Street Address

Email

City

State

Zip Code

File this Report by mailing it to: *Woodford County Circuit Clerk*

*P.O. Box 284
Eureka, IL 61530*

or online using our e-filing portal [Odyssey eFileIL](#)

This form may be downloaded from the [Woodford County Circuit Clerk website](#)