

Report of Licensed Clinical Psychologist (06/12/25) CCP 0243 A

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION**

Case No. _____ Calendar _____

Estate of _____

Alleged Person with a Disability

REPORT OF LICENSED CLINICAL PSYCHOLOGIST

_____, a clinical psychologist licensed under the Clinical
[printed name of the clinical psychologist]

Psychologist Licensing Act, submits the following Report on

_____, an alleged person with a disability (the "Respondent")
[printed name of the Respondent]

based upon evaluations of the Respondent performed on _____.
[Date]

NOTE: The evaluations upon which this Report by the licensed clinical psychologist is based must have been performed within one (1) year of the date the Petition for guardianship is filed. If this Report is being completed by a licensed physician, do not use this form and instead use CCP 0211, entitled "Report of Physician."

Under Illinois law, this Report shall be limited to individuals who have an intellectual disability, which is defined as "significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested before the age of 22 years," pursuant to the Illinois Probate Act, 755 ILCS 5/11a-1 and 755 ILCS 5/11a-9.

1. Respondent has an intellectual disability, as defined above.
2. The following is a description of the nature and type of the Respondent's disability and an assessment of how the disability impacts on the ability of the Respondent to make decisions or to function independently, including an underlying diagnosis and a description of the manifestations of the disability:

3. The following is an analysis and the results of evaluations of the Respondent's mental and physical condition, and (if appropriate) a description of the Respondent's educational condition, adaptive behavior and social skills:

4. The following is my opinion as to whether guardianship is needed, the type and scope of the guardianship needed, and the reasons for my opinion, including whether the Respondent is **totally** or only **partially** incapable of making **personal** and **financial** decisions and if only **partially**, the kinds of decisions which the Respondent can and cannot make:

Mariyana T. Spyropoulos, Clerk of the Circuit Court of Cook County, Illinois

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5. The following is my recommendation as to the most suitable living arrangement for the Respondent and (if appropriate) the treatment or habilitation plan for the Respondent, and the reasons for my recommendation:

If the description of the Respondent’s mental, physical and educational condition, adaptive behavior or social skills is based upon evaluations by other professionals, all professionals preparing evaluations must also sign this Report.

6. The following are the names, addresses, certifications, licenses or other credentials, and signatures of each other person who performed an evaluation upon which this Report is based:

a. Name _____

Address _____

License (state and number) _____

Certification _____

Other credentials _____

Signature /s/ _____

b. Name _____

Address _____

License (state and number) _____

Certification _____

Other credentials _____

Signature /s/ _____

/s/ _____
[*signature of licensed clinical psychologist preparing this report]

[license (state and number)]

[address of the licensed clinical psychologist]

[city/state/zip]

[licensed clinical psychologist’s telephone]

[licensed clinical psychologist’s email]

Certification _____

Other credentials _____

***This Report must be signed by a licensed clinical psychologist.**