

1 Code:
(Your name) _____
2
3 (Address) _____
4 _____
5 (Telephone) _____
6 In Proper Person

7 IN THE _____ JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8 IN AND FOR THE COUNTY OF _____

9 In the Matter of the Guardianship of)
10 the person) CASE NO. _____
11 the estate) DEPT NO. _____
12 the person and the estate,)
13 of:)
14 _____)
an Adult.)

15 STATE OF NEVADA)
16)
17 COUNTY OF _____)

18 **REPORT OF THE GUARDIAN OF THE ADULT PERSON**

19 _____ through _____
20 **BEGINNING DATE** **ENDING DATE**

21 I, (name of guardian) _____ am the Guardian of the Person of
22 (name of ward) _____. My annual report is as follows:

23 **I.**

24 **General Information for the Ward and Guardian(s)**

25 Ward's date of birth: _____

26 Ward's address: _____
27

28

1 Ward's phone number: _____

2 Ward's current physician (address and phone number) _____

3 _____

4 Name(s) and addresses of guardian(s) _____

5 Guardian(s) relationship to ward: _____

6 Number of times guardian(s) visited the ward in the last year: _____

7 The ward (**check one**) does/ does not continue to need a guardian. (Explain) _____

8 _____

9 _____

10 _____

11 _____

12 **II.**

13 **Physical and Mental Condition of the Ward**

14 (A) The ward currently lives in a (**check one**) private home/ boarding home/ nursing

15 home/ other (explain) _____

16 (B) The ward's facility provides for the ward's daily living and recreational needs by

17 (describe) _____

18 _____

19 _____

20 _____

21 (C) The ward (**check one**)

22 does not attend daily or regular weekly outings, training or work because:

23 _____

24 _____

25 attends daily or regular weekly outings, training or work as follows:

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(D) The activities described in (C), above (**check one**) do/ do not meet the ward's needs. (Explain, if necessary) _____

(E) The ward has had the following medical care during the last year: _____

(F) The ward was last seen by a physician on (date) _____

(G) The ward's current physical health is Good/ Fair/ Poor (please describe)

(H) There (**check one**) have/ have not been any substantial changes in the ward's mental abilities or health in the last year. (If there have been substantial changes, explain.)

III.

Miscellaneous Information

(A) (Check one)

The ward does not have any assets or property and does not have annual income more than \$5,000.

The ward does have assets or property or an annual income more than \$5,000. (name) _____ is responsible for these assets. (Note: you may need to

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file an accounting. See accounting instructions and form in a separate packet and NRS 159.177-
NRS 159.181 and NRS 159.076.)

(B) (Check one)

- The ward does not receive any county services.
- The ward receives the following county services:

(C) (Check one)

- The ward does not receive any other services.
- The ward receives the following non-county services:

(D) I would like the court to know the following: (briefly state anything else that you
would like the court to know, or write "N/A")

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SIGNED and SWORN to before me by (name of guardian) _____

on the _____ day of _____, _____.

NOTARY PUBLIC

OR

DEPUTY CLERK

OR

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on (date) _____ (signature) _____