

COURT CODE: \_\_\_\_\_  
Guardian's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
This is a new address:  yes /  no  
Phone: \_\_\_\_\_  
 home /  cell /  work  
Email: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person  
 Person and Estate

of:

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

\_\_\_\_\_  
*(name of child who has a guardian)*  
A Protected Minor.

**REPORT OF THE GUARDIAN OF THE CHILD**

\_\_\_\_\_ through \_\_\_\_\_  
**BEGINNING DATE** **ENDING DATE**  
*If this is your first report, this is the date you were appointed the guardian.* *The date you sign this form.*  
*If this is a later report, this is the ending date of your last report.*

I, (*guardian's name*) \_\_\_\_\_, am the Guardian of the above-named Protected Minor. My annual report is as follows:

**General Information**

1. The child's birthdate is (*date of birth*) \_\_\_\_\_, and he / she is currently (*age*) \_\_\_\_\_ years old.

2. The child currently lives at:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

3. The child lives:

- With me.
- In a residential treatment facility or therapeutic group home.
- In a hospital or medical facility.
- With another adult, (*name of adult*) \_\_\_\_\_,  
who is primarily responsible for the child.

If the child does not live with you, explain why:

\_\_\_\_\_  
\_\_\_\_\_

4. The child also lives with the following people (*list the names of every person living in the same home as the child*) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Guardian's Residency: ( *check one*)

- One or both guardians are Nevada residents.
- Neither guardian is a Nevada resident. ( *check one*)
  - A registered agent is on file with the Nevada Secretary of State.
  - No resident agent is on file with the Nevada Secretary of State.

### Physical and Mental Health

6. List below the names and address of the child's treating physician(s), dentist, and mental health provider(s), giving the date and purpose of the last visit.

| Type                          | Dr.'s Name and Address | Date Last Visited | Ailment/Treatment |
|-------------------------------|------------------------|-------------------|-------------------|
| <b>Primary</b>                |                        |                   |                   |
| <b>Dentist</b>                |                        |                   |                   |
| <b>Other: (list)</b><br>_____ |                        |                   |                   |
| <b>Other: (list)</b><br>_____ |                        |                   |                   |

***\*File any medical records showing any significant health problems with a Confidential Medical / Educational Information Sheet.***

7. The child's physical health is ( *check one*)

- Good
- Fair
- Poor

Describe the child's overall physical health:

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8. The child's mental health is ( *check one*)

- Good
- Fair
- Poor

Describe the child's overall mental health:

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9. The child's immunizations are ( *check one*)

Up to date

Not up to date because (*explain why immunizations are not up to date*)

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**\*File any immunization records with a Confidential Medical / Educational Information Sheet.**

10. Abuse / Neglect. Has the child been abused or neglected in the last year?

No

Yes

Describe the abuse / neglect and any steps taken to address the abuse / neglect:

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What agencies were notified of the abuse / neglect?

Law Enforcement  Child Protective Services  Ombudsman  None

What was the outcome of the investigation?

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### **Activities & Hobbies**

11. The child's recreational and social activities and hobbies include: (*Describe*)

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**Education**

12. ( *check one*)

- The child is not yet school age.
- The child is enrolled in school. The child attends (*name of school*)

\_\_\_\_\_.

**\*File any report cards with a Confidential Medical / Educational Information Sheet.**

- The child is school age, but is not enrolled in school because (*explain why*)

\_\_\_\_\_  
\_\_\_\_\_

13. The child had the following accomplishments and/or problems in school last year:

(*Describe or write "N/A"*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial**

14. ( *check one*)

- I am not the guardian of the child's estate.
- I am the guardian of the child's estate, but the estate is less than \$10,000.
- I am the guardian of the child's estate, which is more than \$10,000.

***\*If you check the last box, you must file an annual accounting detailing the estate assets, income, and expenses.\****

**Miscellaneous**

15. I believe the child has the following unmet needs: (*describe*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. The guardianship ( *check one*)  should  should not continue because (*explain*)

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17. 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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**I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.**

DATED (*month*) \_\_\_\_\_ (*day*) \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
SIGNATURE OF GUARDIAN(S)