

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:

26 \_\_\_\_\_

27 \_\_\_\_\_

28 \_\_\_\_\_

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

(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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

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")

---

---

---

---

---

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

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) \_\_\_\_\_