

COURT CODE: 2610

Your Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

Self-Represented

**IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

(name of person who has a guardian)
A Protected Person.

CASE NO.: _____

DEPT: _____

NOTICE OF EMERGENCY AND/OR HOSPITALIZATION

1. **Emergency.** The adult named above suffered the following emergency: *(explain what emergency happened to the adult, such as medical problems, safety problems, etc.)*

2. **Date.** The emergency above happened on or around *(date)* _____.

3. **Action Taken.** The Guardian(s) did the following to handle the emergency: *(explain what you did to handle the emergency)*

4. **Post-Emergency Plan.** (*check one*)

- The adult has already returned to his / her regular residence.
- The adult should return to his / her regular residence on *(date)* _____.
- The adult cannot return to his / her regular residence and will be placed somewhere else. *(explain why the adult can't go home, and where you think the adult will go instead)* _____

A Change of Address form must be filed to update the address with the Court.

- The adult's health is declining, and he/she may pass away within the next 30 days per medical professional opinion.
- The adult passed away on *(date)* _____. **A formal Petition to Terminate Guardianship must be filed along with a Final Accounting (if applicable).**

5. **Current Location.** As of this time, the adult can be found at: *(write the details of where the adult is right now)*

Name of Facility (if applicable)

Address

City, State, Zip Code

Telephone number

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

This document does not contain the personal information of any person as defined by NRS 603A.040.

DATED *(month)* _____ *(day)* _____, 20__.

(Your Signature)

(Printed Name)

CERTIFICATE OF SERVICE
BY MAIL

I certify that I deposited copies of this Notice in the U.S. mail in (city) _____, Nevada, addressed to the persons listed below on (date) _____.

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

ELECTRONIC

I served the following persons pursuant to the court's electronic service rules on (date) _____:

Name: _____
Email Address: _____

Name: _____
Email Address: _____

Name: _____
Email Address: _____

Name: _____
Email Address: _____

Name: _____
Email Address: _____

Name: _____
Email Address: _____

Name: _____
Email Address: _____

Name: _____
Email Address: _____

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

This document does not contain the personal information of any person as defined by NRS 603A.040.

(Your Signature)

(Printed Name)