

COURT CODE: 1125

Guardian's Name: _____

Street Address: _____

City, State, Zip: _____

This is a new address: yes / no

Phone: _____

home / cell / work

Email: _____

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
- Person and Estate

of:

(name of person who has a guardian)

A Protected Person.

CASE NO.: _____

DEPT: _____

REPORT OF THE GUARDIAN OF THE ADULT PERSON

_____ through _____
BEGINNING DATE **ENDING DATE**

*If this is your first report, this is the date
you were appointed the guardian.*

*If this is a later report, this is the ending
date of your last report.*

The date you sign this form.

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

General Information

1. The protected person's birthdate is (date of birth) _____, and
he / she is currently (age) _____ years old.
2. How often have you visited the protected person in the last year? _____

3. 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.

4. Guardianship Alternatives: (*check one*)

- I have talked with the protected person about alternatives to guardianship and how he/she could access such supports that may replace guardianship in the future.
- I have not talked with the protected person about alternatives to guardianship and how he/she could access such supports because: (*explain why not*)

5. Do you believe the protected person still needs a guardian? (*check one*) Yes No
(*Explain why or why not*)

6. The protected person's current address and phone number is:

Name of Facility (if applicable)

Address

City, State, Zip Code

Telephone number

7. The address listed above is best described as: (*check one*)

- Living independently in his/her private home, apartment, or condominium.

Living in his/her private home, apartment, or condominium with another person or persons. List the names of all individuals living in this home (*names of people living there*): _____

Living in someone else's private home, apartment, or condominium. He/she lives with (*names*): _____

An assisted living facility / supported adult residence / supported living arrangement.

A skilled nursing home.

A licensed group home.

A medical facility, hospital, or psychiatric facility.

A secured perimeter facility.

Other (explain): _____.

Is the facility locked? (check one) Yes or No

8. Do you believe the protected person is happy with the living arrangement? (check one) Yes No

(*Explain why or why not*) _____

9. Appropriateness of Living Arrangement & Residential Supports.

(check all that apply)

The current placement is appropriate as is.

The current placement is appropriate with additional services (*list the additional services needed*) _____.

Once the current medical situation is stable, the protected person will return to his/her previous residence. This is expected to happen on (*estimated date of return*): _____ and he/she will return to live at (*address*) _____.

A higher level of care is needed. The protected person should be placed at: (*check all that apply*)

- An assisted living facility.
- A skilled nursing home.
- A licensed group home.
- A medical facility, hospital, or psychiatric facility.
- A secured perimeter facility.
- Other (explain): _____.

The above option would be a more appropriate placement because (*explain*)

Physical and Mental Health

10. The protected person has the following insurance coverage for medical / dental / mental health services: (*check all that apply*)

- Medicare
- Medicare Part B
- Medicaid
- VA Health Benefits
- Prescription Drug Coverage (*name of policy*): _____
- Private Health Insurance (*name of policy*): _____
- Other (*explain*): _____

11. The protected person's physical health is: (*check one*)

- Good
- Fair
- Poor

Describe the protected person's overall physical health and physical limitations:

12. The protected person's mental health is: (*check one*)

- Good
- Fair
- Poor

Describe the protected person's overall mental health:

13. Medical Services. The protected person receives the following services:

(*check all that apply*)

- Regular dental visits (*complete table below*)

Dentist	Frequency	Last Appt.	Next Appt. Due

- Regular doctor visits (*complete table below*)

Physician	Reason	Frequency	Last Appt.	Next Appt. Due

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

- Home health care every (*how often, i.e. "daily" "weekly" "monthly"*)

- Full-time nursing care
- Hospice care

14. Mental Health Services. The protected person receives the following services: (*check all that apply*)

Behavioral health visits every (*complete table below*)

Specialist	Reason	Frequency	Last Appt.	Next Appt. Due

Psychiatric appointments every (*complete table below*)

Psychiatrist	Frequency	Last Appt.	Next Appt. Due

15. List all prescription medication in the table below.

Medication	Diagnosis/Reason	Physician	Last Reviewed by Doctor/Psychiatrist

16. Care Needs. The protected person's personal care needs are:

check all that apply)

No assistance is needed in performing activities of daily living.

Personal caregivers are needed. Caregivers are needed an average of *(number)* _____ hours per week. Caregivers provide assistance with the following activities of daily living *(explain what assistance is provided, such as housekeeping, bathing, meal preparation, etc.)* _____

Assistance with medication is required.

24-hour assistance is needed.

17. Medical / Mental Health Needs. The protected person requires the following medical or mental health examinations to determine necessary and/or ongoing treatment needs *(describe any medical tests/appointments that are needed)*:

18. Abuse / Neglect. Has the protected person been abused or neglected in the last year?

No

Yes

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

What agencies were notified of the abuse / neglect?

Law Enforcement Elder Protective Services Ombudsman None

What was the outcome of the investigation?

Education

19. (*check one*)

- The protected person is not enrolled in school.
- The protected person is enrolled in school. The protected person attends (*name of school*) _____.

***File any report cards with a Confidential Medical/Informational Sheet.**

20. The protected person had the following accomplishments and/or problems in school last year: (*Describe or write "N/A"*)

Activities & Recreation

21. The protected person's recreation and social condition is: (*check one*)

- Good
- Fair
- Poor

22. The protected person's recreation and social activities include: (*check all that apply*)

Personal Community Activities (*i.e. church, library, etc.*): _____

Group outings. (*Describe*) _____

Family gatherings. (*Describe*) _____

Senior community center events. (*Describe*) _____

Work and/or training program. (*Describe*) _____

Events at assisted living facility or nursing home. (*Describe*) _____

None. (*Describe why the protected person is not participating in any activities*)

Financial Information

23. (*check one*)

The protected person's estate is less than \$10,000.

The protected person's estate is more than \$10,000. The finances are managed by
(*name of person handling the estate*) _____.

****An annual accounting must be filed detailing the estate assets, income, and expenses.***

Protected Person's Wishes

24. Consultation With Protected Person: (*check one*)

I have talked with the protected person about how he/she would like to be cared for. The protected person's wishes are: (*explain*)

I have not talked with the protected person about how he/she would like to be cared for because: (*explain why you have not asked the person about their wishes*)

25. Honoring Wishes. (*check one*)

To the extent possible, I am honoring the protected person's wishes.

I have not been able to honor the protected person's wishes because: (*explain*)

Miscellaneous

26. I believe the protected person has the following unmet needs (*describe*)

27. 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"*) _____

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__.

SIGNATURE OF GUARDIAN(S)

COURT CODE: 3860

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:

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REQUEST FOR SUBMISSION

Petitioner(s), *(first Petitioner's name)* _____ and
(second Petitioner or "n/a" if only one Petitioner) _____,
request(s) that the REPORT OF THE GUARDIAN OF THE ADULT PERSON be submitted to
the Court for consideration.

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

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

(Signature)

(Printed Name)