

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 FAMILY DIVISION  
OF 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:

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.

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

*\*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"*)

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**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*)

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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.

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: \_\_\_\_\_

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- Person
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of:

\_\_\_\_\_

*(name of person who has a guardian)*

A Protected Minor.

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

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

**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 A MINOR 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)