

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 adult who has a guardian)

A Protected Person.

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.

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

SIGNATURE OF GUARDIAN(S)