

COURT CODE: _____
Your Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email Address: _____
Self-Represented

DISTRICT COURT
_____ **COUNTY, NEVADA**

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.

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.

(Your Signature)

(Printed Name)