

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 child who has a guardian)

A Protected Minor.

REPORT OF THE GUARDIAN OF THE CHILD

_____ **BEGINNING DATE** through _____ **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.

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

**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:

8. The child’s mental health is (check one)

- Good
- Fair
- Poor

Describe the child’s overall mental health:

9. The child's immunizations are (*check one*)

Up to date

Not up to date because (*explain why immunizations are not up to date*)

***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:

What agencies were notified of the abuse / neglect?

Law Enforcement Child Protective Services Ombudsman None

What was the outcome of the investigation?

Activities & Hobbies

11. The child's recreational and social activities and hobbies include: (*Describe*)

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"*)

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*)

16. The guardianship (*check one*) should should not continue because (*explain*)

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"*)

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)