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: _____ (*name of child who has a guardian*) A Protected Minor.	CASE NO.: _____ DEPT: _____

REPORT OF THE GUARDIAN OF THE CHILD

_____ through _____

BEGINNING 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.

ENDING DATE
The date you sign this form.

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.

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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. Frequency of visitation with parent(s). Describe how often the child visits with his / her parent(s): _____

    _____

    _____

11. 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

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

Education

13. (☒ *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*)

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

Financial

15. (☒ *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

16. I believe the child has the following unmet needs: (*describe*)

_____

_____

_____

17. The guardianship (☒ *check one*) ☐ should ☐ should not continue because (*explain*)

_____

_____

_____

_____

18. 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)