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Code:
(Your name) _____

(Address) _____

(Telephone) _____

In Proper Person

IN THE _____ JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF _____

In the Matter of the Guardianship of)
 the person)
 the estate)
 the person and the estate,)
of:)
_____)
a Minor.)
_____)

CASE NO. _____
DEPT NO. _____

STATE OF NEVADA)
COUNTY OF _____)

REPORT OF THE GUARDIAN OF THE MINOR PERSON

_____ through _____
BEGINNING DATE **ENDING DATE**

I, (name of guardian) _____ am the Guardian of the Person of
(name of ward) _____, who was born on (date of birth)
_____ and is _____ years old. My annual report is as follows:

I.
Development of the Ward

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The ward's goals, accomplishments or activities which have occurred over the past year are:

II.

Health of the Ward

(A) The ward's current physical health is Good/ Fair/ Poor. (Please describe)

(B) The ward has has not had any significant health problems in the last year.

(If yes, please describe) _____

(C) The ward has/ has not had any significant injuries or accidents in the last year.

(If yes, please describe) _____

(D) If the ward has had any significant health problems, injuries or accidents in the last year, I have filed any medical documentation and/or doctors' notes under a Confidential Medical/Educational Information Sheet.

1 (E) The ward has/ has not received the required immunizations. If the ward has
2 received immunizations, I have filed a copy of the ward's immunization record under a
3 Confidential Medical/Educational Information Sheet.
4

5 **III.**

6 **Education of the Ward**

7 (A) The ward attended (name of school) _____ last year.
8 I have filed a copy of his/her most recent report card under a Confidential Medical/Educational
9 Information Sheet.

10 (B) The ward will attend (name of school) _____ next year.

11 (C) The ward had the following accomplishments and/or problems in school last year:
12 (Please describe or write "N/A") _____
13 _____
14 _____

15 **IV.**

16 **Well Being of the Ward**

17 (A) The ward has/ has not had any emotional difficulties in the last year. (If yes,
18 please describe) _____
19 _____
20 _____
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23 _____

24 (B) (Check One)

25 The ward lives with me.

26 (Or)

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The ward does not live with me because (explain why the ward does not live with you and give the address where the ward lives). _____

(C) The ward is primarily supervised by (name and relationship to ward) _____

SIGNED and SWORN to before me by (name of guardian) _____

on the ____ day of _____, ____.

NOTARY PUBLIC

OR

DEPUTY CLERK

OR

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on (date) _____ (signature) _____